

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746872 (1)

1. Corporation Name

VICTORIA PARK I PROPERTY OWNERS' ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

9583 SUSSEX STREET
NAPLES FL 34109

9583 SUSSEX STREET
NAPLES FL 34109-1821



3. Date Incorporated or Qualified
04/24/1979

3a. Date of Last Report
09/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2156516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPPENSTEDT, RONALD
9583 SUSSEX STREET
NAPLES FL 34109

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME KOENIG, MICHAEL
STREET ADDRESS 490 NOTTINGHAM DRIVE
CITY-ST-ZIP NAPLES FL 34109

1.1 TITLE ~~Roger Robitalle~~ ☐ Change ☒ Addition
1.2 NAME ~~9757 Berkshire Street~~
1.3 STREET ADDRESS ~~Naples, FL 34109~~
1.4 CITY-ST-ZIP ~~Secretary-Director~~

TITLE VD ☐ DELETE
NAME HARGIE, MICHAEL
STREET ADDRESS 9797 BERKSHIRE ST
CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME HOPPENSTEDT, RONALD
STREET ADDRESS 9583 SUSSEX STREET
CITY-ST-ZIP NAPLES FL 34109

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME GRAHAM, WILLIAM
STREET ADDRESS 9603 OXFORD ST
CITY-ST-ZIP NAPLES FL 34109

4.1 TITLE ~~SD~~ ☒ Change ☐ Addition
4.2 NAME ~~Roger Robitalle~~
4.3 STREET ADDRESS ~~9757 Berkshire Street~~
4.4 CITY-ST-ZIP ~~Naples, FL 34109~~

TITLE D ☐ DELETE
NAME CICCHINI, MARGARET.
STREET ADDRESS 481 HUNTINGTON DR.
CITY-ST-ZIP NAPLES FL 34109

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HYLEMON, DEBORA
STREET ADDRESS 9596 SUSSEX STREET
CITY-ST-ZIP NAPLES FL 34109

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald Hoppenstedt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-97

941 775-0723

Date

Daytime Phone # 0058782

CR2E037 (9/96)