

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 746872**

1. Entity Name

**VICTORIA PARK I PROPERTY OWNERS' ASSOCIATION, IN
C.**

Principal Place of Business

**9583 SUSSEX STREET
NAPLES FL 34109**

Mailing Address

**9583 SUSSEX STREET
NAPLES FL 34109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2156516

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOPPENSTEDT, RONALD
9583 SUSSEX STREET
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Ronald Hoppenstedt

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

(NOTE: Registered Agent signature required when reinstating)

3/2/02

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOOD, MICHAEL R	
STREET ADDRESS	387 HUNTINGTON DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	PD	<input type="checkbox"/> Delete
NAME	HARGIE, MICHAEL	
STREET ADDRESS	9797 BERKSHIRE ST	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	TD	<input type="checkbox"/> Delete
NAME	HOPPENSTEDT, RONALD	
STREET ADDRESS	9583 SUSSEX STREET	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEWTON, KATHERINE	
STREET ADDRESS	271 HUNTINGTON DRIVE	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, KYLE N	
STREET ADDRESS	9581 WHITEHALL STREET	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	D	<input type="checkbox"/> Delete
NAME	HYLEMON, DEBORA	
STREET ADDRESS	9596 SUSSEX STREET	
CITY-ST-ZIP	NAPLES FL 34109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephenson, Michael J.	
STREET ADDRESS	9779 Berkshire Street	
CITY-ST-ZIP	Naples, FL 34109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Standish, Michael L	
STREET ADDRESS	255 Huntington Drive	
CITY-ST-ZIP	Naples, FL 34109	

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Hoppenstedt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02 (941) 593-3299

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)