


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90003 021 ****61.25

DOCUMENT # 746872					
1. Entity Name VICTORIA PARK I PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 9583 SUSSEX STREET NAPLES FL 34109		Mailing Address 9583 SUSSEX STREET NAPLES FL 34109			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2156516	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	STEPHENSON, MICHAEL J	<input type="checkbox"/> Delete	TITLE	VPD
NAME		STEPHENSON, MICHAEL J		NAME	Stephenson, Michael J
STREET ADDRESS		9779 BORKSHIRE STREET		STREET ADDRESS	9779 Berkshire Street
CITY - ST - ZIP		NAPLES FL 34109		CITY - ST - ZIP	Naples, FL 34109-1603
TITLE	PD	HARGIE, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE	PD
NAME		HARGIE, MICHAEL		NAME	Grey, Timothy C.
STREET ADDRESS		9797 BERKSHIRE ST		STREET ADDRESS	240 Nottingham Drive
CITY - ST - ZIP		NAPLES FL 34109		CITY - ST - ZIP	Naples, FL 34109-1611
TITLE	TD	HOPPENSTEDT, RONALD	<input type="checkbox"/> Delete	TITLE	
NAME		HOPPENSTEDT, RONALD		NAME	
STREET ADDRESS		9583 SUSSEX STREET		STREET ADDRESS	
CITY - ST - ZIP		NAPLES FL 34109		CITY - ST - ZIP	
TITLE	SD	STANDISH, MICHAEL L	<input type="checkbox"/> Delete	TITLE	
NAME		STANDISH, MICHAEL L		NAME	
STREET ADDRESS		255 HUNTINGTON DRIVE		STREET ADDRESS	
CITY - ST - ZIP		NAPLES FL 34109		CITY - ST - ZIP	
TITLE	VPD	WILLIAMSON, KYLE N	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME		WILLIAMSON, KYLE N		NAME	Graham, Judith A
STREET ADDRESS		9581 WHITEHALL STREET		STREET ADDRESS	9603 Oxford Street
CITY - ST - ZIP		NAPLES FL 34109		CITY - ST - ZIP	Naples, FL 34109-1619
TITLE	D	HYLEMON, DEBORA	<input type="checkbox"/> Delete	TITLE	
NAME		HYLEMON, DEBORA		NAME	
STREET ADDRESS		9596 SUSSEX STREET		STREET ADDRESS	
CITY - ST - ZIP		NAPLES FL 34109		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: <i>Ronald Hoppenstedt</i>			Ronald Hoppenstedt		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/31/05 (239) 593-3299		

