


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90251 041 \*\*\*\*61.25

<b>DOCUMENT # 747478</b> 1. Entity Name <b>VICTORIAN APARTMENTS OF CAPE CANAVERAL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>220 COLUMBIA DR CAPE CANAVERAL, FL 32920</b>		Mailing Address <del>3900 SAVANNAHS TRAIL</del> <b>MERRITT ISLAND, FL 32953</b> <i>102 Columbia Dr Cape Canaveral, FL 32920</i>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip 			
4. FEI Number <b>59-2160329</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>WINDHORST, JON</b> <b>3900 SAVANNAHS TRAIL</b> <b>MERRITT ISLAND, FL 32953</b>			<b>7. Name and Address of New Registered Agent</b> Name <i>Flagship Association Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>102 Columbia Drive 204</i> City <i>Cape Canaveral</i> <b>FL</b> Zip Code <i>32920</i>		
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 <i>Wendell Brunkley</i> <span style="float: right;">4-22-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WINDHORST, JON</b> <b>3900 SAVANNAHS TRAIL</b> <b>MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>John Nicholson</b> <b>220 Columbia Drive #23</b> <b>Cape Canaveral, FL 32920</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3TR</b> <b>DELCAZAL, BOB</b> <b>637 ORANGE COURT</b> <b>ROCKLEDGE, FL 32955</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MACEY, JOAN</b> <b>637 ORANGE COURT</b> <b>ROCKLEDGE, FL 32955</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Wendell Brunkley</i> <span style="float: right;">4-22-08 (321) 403-0344</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;">Date Daytime Phone #</span>					