

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 043 *****61.25

DOCUMENT # 750388

1. Entity Name

VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

215 NE 16TH AVE
FORT LAUDERDALE FL 33301
US

Mailing Address

C/O MERIDIAN REALTY MGMT
P O BOX 460909
FORT LAUDERDALE FL 33346
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2001

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33394

USA

4. FEI Number

59-2168911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGESS, DAVID
C/O MERIDIAN REALTY MGMT
2170 S.E. 17TH ST. #207
FORT LAUDERDALE FL 33318

Name

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

ONE FINANCIAL PLAZA

SUITE 2001

City

FT. LAUDERDALE

FL

Zip Code

33394

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

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

DAVID BURGESS

(NOTE: Registered Agent signature required when registering)

2/15/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 NAME STREET ADDRESS CITY-STATE-ZIP	TD TURNER, MAUREEN 215 NE 16 AVE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CROOKIER, SHAWN 215 NW 16 AVE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD CONNIE, LAY 215 NE 16 AVE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TOM MELOT 215 NE 16 AVE FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD TOM MELOT 215 NE 16 AVE FT LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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:

THOMAS B. MELOT

3/24/07

954-360-7002

Date

Daytime Phone #