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

## **DOCUMENT # 750388**

1. Entity Name



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

VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.					04-03-2007 90012 043 ****61.25		
Principal Place of Business		Mailing Address					
215 NE 16TH AVE FORT LAUDERDALE FL 33301 US		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			8)    88 62    91 (649)   8   848   818   818   818	IIII EE DINIMASI DI INNI	
Suile, Apt. #, etc.		Suite, Apt. #, atc. Suite 200;		1st MO	ORE CR2E037 (10/06	5)	
City & State		City & State FT. LOVI), FL		4. FEI Number 5	9-2168911	Applied For Not Applicable	
Zip	Country	Zip 33394	Country	5. Certificate of Sta	Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent Name			
BUF	RGEES, DAVID						
C/O MERIDIAN REALTY MGMT 2170-S.E 17TH ST. #207 FORT LAUDERDALE FL 33316			340	Stroot Address (P.O. Box Number is Not Acceptable)			
			SUIT 2	SUITE 2001			
			FT. L	LAUDERDALE	FL (2)	33394	
8. The above the obligat	named entity submits this statement folions of registored agent.	r the purpose of changing its	registered office or re	egistered agent, or both, in t	the State of Florida. I am familiar	with, and accept	
SIGNATURE		DA	ESS.	2/15/07			
ORATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	required when reinstating)	DATE		
	FU E NOW, FEE IC 664 OF	0.50.00					
FILE NOW: FEE IS \$61.25  Due By May 1, 2007  9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees	Make Check Paya Florida Department		
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	RS IN 10	
T(TLE: NAME:	TD TURNER, MAUREEN	☐ Delete	IIICE		Cha	inge 🔲 Addition	
			ALA BAIC			ľ	
STREET ADORESS	215 NE 16 AVE		NAME STREET ADDRESS				
STREET ADORESS CITY+ST-ZIP							
CHY+SI-ZIP TITLE	215 NE 16 AVE FORT LAUDERDALE FL 33301 D	☐ Delete	STREET ADDRESS CITY ST ZIP		☐ Cha	inge Addilion	
TITLE NAME	215 NE 16 AVE FORT LAUDERDALE FL 33301 D CROOKIER, SHAWN	☐ Delete	STREET ADDRESS CITY ST ZIP THILL NAME		☐ Cha	inge Addition	
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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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 954-760-7002