2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

					. 50		iry or		
DOCUMENT # 750388 1. Enitty Name VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.							90015 020 :		
Principal Plac 215 NE 16TI FORT LAUDE		Mailing Address ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE, FL	33394 US			- - 	1811 E1811 E1811 E1811	Cibi cibi cibi	(181 S) (181
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	lailing Address						
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02122008 C	hg-NP	CR2E037	(12/06)	:
City & State		City & State			4. FEI Number Applied For 59-2168911 Not Applicable				
Zip	Country	Zip-	Country		5. Certificate of S		غ لـا ' ز	8.75 Add ee Required	
ļ	6. Name and Address of Current I	Registered Agent	 		7. Name and Add	ress of New	Registered Ag	gent	
BURGEES, DAVID			Name	Name					
	NCIAL PLAZA		Street Ac	ddress (f	P.O. Box Number is	Not Acceptat	ble)		
FORT LAUDERDALE, FL 33394									
	· · · · · · · · · · · · · · · · · · ·		City				FL	Zip Code	
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or	register	ed agent, or both, in	the State of F	Florida. I am fa	miliar with,	and accept
inc obligat	150.5.2+								
SIGNATURE							_		
Old III VOINE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	re required	when reinstating)		DATE		
Filling Fee is \$61.25 9. Election Campaign Due by May 1 2008 Trust Fund Contrib					\$5.00 May Be		Make check orida Departn	payable to	
	Due by May 1, 2008				Added to Fees	7 1			10/4
10.	TD OFFICERS AND DIR		11.		DDITIONS/CHANG	ES TO OFFIC			
· TITLE ····	TURNER, MAUREEN	Delete	TITLE NAME				Į.	Change	☐ Addition
STREET ADORESS	215 NE 16 AVE		STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		0.1.0000						
TITLE			CITY-ST-ZIP			_			
	D	☐ Delete						☐ Change	☐ Addition
NAME	CROOKIER, SHAWN	☐ Delete	CITY-ST-ZIP TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS	CROOKIER, SHAWN 215 NW 16 AVE		CITY-ST-ZIP TITLE NAME STREET ADDRESS					☐ Change	Addition
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12. I hereby certify that the information supplied with this filling 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: 🔑

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

954-423-1146

Daytime Phone #