2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 750388

Entity Name: VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

215 NE 16TH AVE
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE, FL 33394 US

New Mailing Address:

FEI Number: 59-2168911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURGEES, DAVID
ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	TURNER, MAUREEN	
Address:	215 NE 16 AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	CROOKIER, SHAWN	
Address:	215 NW 16 AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	VPD	( ) Delete
Name:	CONNIE, LAY	
Address:	215 NE 16 AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	PD	( ) Delete
Name:	MELOT, TOM	
Address:	215 NE AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	
Title:	D	( ) Delete
Name:	CIHOCKI, HENRY	
Address:	215 NE 16 AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BURGESS RA 03/23/2009

Electronic Signature of Signing Officer or Director — Date