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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752157**

1. Corporation Name
VICTORIA PARK CIVIC ASSOCIATION, INC.

* 3 6 9 7 3 9 *
369739 - 90308 - 8

Principal Place of Business	Mailing Address
1217 N.E. 2ND STREET FORT LAUDERDALE FL 33301	1217 N.E. 2ND STREET FORT LAUDERDALE FL 33301

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/23/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2102212 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BREGARTNER,LINDA H.
1217 N.E. 2ND STREET
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CINDY EDEN		1.2 NAME	Mark Ketcham	
STREET ADDRESS	520 VICTORIA TERRACE		1.3 STREET ADDRESS	726 NE 17 Way	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft Lauderdale FL 33304	
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	GRONSBELL, DEBBIE		2.2 NAME	Ted Fling	
STREET ADDRESS	501 N. VICTORIA PARK RD.		2.3 STREET ADDRESS	746 NE 16 Terrace	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft Lauderdale FL 33304	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	ROBERT CRAWFORD		3.2 NAME	Gesche Kainer	
STREET ADDRESS	524 N VICTORIA PARK RD		3.3 STREET ADDRESS	449 NE 17 Way	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Ft Lauderdale FL 33304	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CRAWFORD, ROBERT		4.2 NAME	Tom Haley	
STREET ADDRESS	524 N. VICTORIA PARK RD.		4.3 STREET ADDRESS	530 NE 11 Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft Lauderdale, FL 33301	
TITLE	S	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KEIM, STEVE		5.2 NAME	Mark Ketcham	
STREET ADDRESS	500 N. VICTORIA PARK RD.		5.3 STREET ADDRESS	726 NE 17 Way	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33304	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	EDEN, CINDY		6.2 NAME	Gesche Kainer	
STREET ADDRESS	520 VICTORIA TERRACE		6.3 STREET ADDRESS	449 NE 17 Way	
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP	Ft Lauderdale FL 33304	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added in an attachment with an address, with all other like empowered.

SIGNATURE: Mark Ketcham SIGNATURE REQUIRED MARK KETCHAM 4/15/99 954 779-37
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #