2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #752157

1. Entity Name VICTORIA PARK CIVIC ASSOCIATION, INC.



FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90285 047 ****61.25

l				1	91					
729 N VICTORIA PARK RD 729		laifing Address 729 N VICTORIA PARK RD FORT LAUDERDALE, FL 33304-3434					: Eign eig	W170		
2. Principal F	Place of Business	3. M	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242005 C	hg-NP	CR2E037 (1	0/03)	
City & State			City & State			4. FEI Number 65-104266	 69	<u>. </u>		plied For
Zip Country		,	Zip Country			5. Certificate of S	tatus Desired		75 Add Required	litional
	6. Name and Addre	ss of Current Registr	ered Agent			7. Name and Add	tress of New R	legistered Agen	1	
				Name	,					
JARRETT, THORNIE 729 N VICTORIA PARK RD FORT LAUDERDALE, FL 33304-3434					Street Address (P.O. Box Number is Not Acceptable)					
!				City				FL 2	ip Code	9
	named entity submits thi	s statement for the pu	rpose of changing its	registered office	or registe	red agent, or both, in	the State of Flo		ar with,	and accept
SIGNATURE										
•	Signature, typed or printed name	of registered agent and title if	applicable. (NOTE	: Registered Agent sig	uegrae ledinac	d when reinstating)		DATE		
	Filing Fee is \$61. Due by May 1, 20		9. Election Cam Trust Fund C		0	\$5.00 May Be Added to Fees		iake check pay ida Departmer		
10.	OFFIC	CERS AND DIRECTOR	785	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECT	ORS IN	10
TITLE	PD		Delete	TITLE	PI)		IX 1 (Change	☐ Addition
NAME	IDELMAN, JAN		_ *******	NAME	ጥት	ornie Ja	rrett	-	•	
STREET ADDRESS 424 NE 13 AVE			STREET ADDRESS		9 N Victo		rk Road	•		
CITY-ST-ZIP	FORT LAUDERDALI	E, FL 33301		CITY-ST-ZIP	Fo	rt Laude	rdale.	FL 3330	34 – 3	3434
TITLE	VD		X Delete	TITLE	VI				Change	Addition
NAME	JARRETT, THORNIE	<u> </u>		NAME	St	ephen Dr	aft		•	_
STREET ADDRESS	729 N VICTORIA PA	RK RD		STREET ADDRES	s 30	4 NE 11t	h Avenu	10		
CITY-ST-ZIP	FORT LAUDERDAL	E, FL 333043434		CITY-ST-ZIP	Fo	rt Lauder	rdale.	FL 3330)1	
TITLE	TD		☐ Delete	TITLE	SI		_		Change	■ Addition
NAME	KIRSCH, ELENE B			NAME	Gl	enda Row	Lev			
STREET ADDRESS	524 NE 17TH WAY			STREET ADDRESS	s 30	8 NE 7th	Avenue	1		
CITY-ST-ZIP	FORT LAUDERDALI	E, FL 33301		CITY-ST-ZIP	Fo	rt Lauder	rdale.	FL 3330)1	
TITLE	SD		Delete	TITLE	1		-		Change	Addition
NAME	NILLIES, COREEN S	3		NAME						
STREET ADDRESS	700 NE 18 AN			STREET ADDRESS	s					
CITY-ST-ZIP	FT.LAUDEROALE, F	L 33304	<u> </u>	CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	1				Change	■ Addition
NAME				NAME						
STREET ADDRESS				STREET ADDRESS	s					
CITY-ST-ZIP				CITY-ST-ZIP	1					
	ļ. <u> </u>			-	+					
TITLE			☐ Delete	TITLE					Change	☐ Addition
NAME			☐ Delete	NAME					Change	☐ Addition
			☐ Delete		s				Change	☐ Addition

12. 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 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:	Their Junt	Thornie Jarrett	April 20.	2005 460 0001
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Dete	Deyama Prior Brown