2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #752157

SIGNATURE:

1. Entity Name VICTORIA PARK CIVIC ASSOCIATION, INC.



FILED Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90072 034 ****61.25

			•										
Principal Place of Business 729 N VICTORIA PARK RD FORT LAUDERDALE, FL 33304-3434			Mailing Address 729 N VICTORIA PARK RD FORT LAUDERDALE, FL 33304-3434				,	. •					
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Suite, Apt. #, etc.					00440000					
·									Chg-NP	CR2E0	37 (11/05)		
City & State			City & State					4. FEI Number 65-10426	69		<u> </u>	oplied For ot Applicable	
Zip	Country		Zi	Zip Cou		intry	5. Certificate of Status Desired S8.75 Additional Fee Required						
_	6. Name	Register	ed Agent		7. Name and Address of New Registered Agent								
JARRETT, THORNIE						Name							
729 N VICTORIA PARK RD FORT LAUDERDALE, FL 33304-3434						Street Address (P.O. Box Number is Not Acceptable)							
						. <u> </u>	City FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE .	Signature, typed	d or printed name of registered agent.	and litle if ap	plicable. (NOTE	: Registere	d Agent signa	ture required	when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2006				Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND DIRE			ECTORS 11.				ADDITIONS/CHAN	GES TO OFFICE	RS AND DI	RECTORS IN	10	
TITLE NAME	PD JARRETT, THORNIE			☐ Delete Till			VD Jem	es Hollo	WO T		☐ Change	Addition	
STREET ADDRESS	729 N VICTORIA PARK RD				et address	James Holloway s 120 NE 17 Avenue							
CITY-ST-ZIP					- ST-ZIP		t Lauder	<u>dale, F</u>	L 333				
TITLE NAME	VD DRAFT, STEPHEN			Delete TIT		_	TD	a Vahalas			Change	M Addition	
STREET ADDRESS	304 NE 11TH AVE			STRE			1/20 NE 1/ WAY						
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301				-ST-ZIP	For	Lauder	dale, F	L 333				
TITLE NAME	TD KIRSCH.	ELENE B		Delete	TITLE				•		☐ Change	☐ Addition	
STREET ADDRESS		7TH WAY				et adoress							
CITY-\$T-ZIP		UDERDALE, FL 33301			_	-ST-ZIP							
TITLE NAME	SD	', GLENDA		☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS	308 NE 7TH AVE				ET ADDRESS								
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301					-ST-ZIP			.				
TITLÉ NAME				☐ Delete	TITLE NAM						☐ Change	Addition	
STREET ADDRESS	\$					ET ADDRESS							
CITY-ST-ZIP					CITY	-\$1-2IP							
TITLE NAME				☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP					CiTY	-ST-ZIP							
indicated of the cor	12. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR