## 2005 NOT-FOR-PROFIT CORPORATION / ANNUAL REPORT (AR)

## FILED Mar 22, 2005 8:00 am Secretary of State

## DOCUMENT # 754156

VICTORIA		E CONDOMINIUN	ASSOCIA	ATION,INC.				03-	-22-2005 90	010 006	5 ****	61.25	
A&M PART	TH HIATUS F	~ **	A&M P 3475 N	Address ARTNERS, INC. IORTH HIATUS F SE FL 33351	RD	<u>.</u>		 !	r k <b>odel a</b> tte <b>e</b> rder erd		T F1811 618	 11 61311 61811 61	
2. Principal Place of Business 3.			3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					1s	t MOORE	CR2	2E037	(10/04)	
City & State			City & State					4. FE! Numbe	59-2029	932		<b>  </b>	pplied For lot Applicable
Zip		Country	· Zip		Cou	intry		5. Certificate	of Status Desire	ed 🗆		8.75 Ac ee Requir	
	6. Name	and Address of Curre	nt Registered	Agent	-	Name		7. Name and	Address of Ne	w Registe	ered Ag	gent	
AA	M PART	NERS, INC.						3 D N 16					
347	5 NORTH VRISE FL	I HIATUS ROAD				Street A	daress (F	P.O. Box Numbe	r is Not Accept	lable)			
		•				City					FL	Zip Co	de
	e named entit itions of regis	y submits this statement tered agent.	for the purpos	se of changing its	registere	ed office or	register	ed agent, or both	h, in the State o	of Florida.	l am fa	miliar with	, and accept
SIGNATURE				<b>-</b>									
	Signature, typed	or printed name of registered ago	ent and title il applic	able (NOTE	Registered	d Agent signate	Dentuper etu	when reinstating)		C	MTE		
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10.	FILE NOW Due:By	/: FEE IS \$61.25	DIRECTORS						F)	orida De	e <b>part</b> i ID DIRI	nent of	State N 10
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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: Turther 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 set made under eath; 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:

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #