

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90098 024 \*\*\*\*61.25

**DOCUMENT # 765540**

1. Entity Name  
**THE VICTORIA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**ELLIOTT MERRILL  
835 20TH PL  
VERO BEACH, FL 32960 US**

Mailing Address  
**835 20TH PL  
VERO BEACH, FL 32960 US**

40047477



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2236764**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, KAREN  
835 20TH PLACE  
VERO BEACH, FL 32960**

Name

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

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
MURPHY, FRED  
5690 N A1A 102  
VERO BEACH, FL 32963** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
Bill Knoell  
5680 N A1A #303  
VERO BEACH, FL 32963** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MEAD, KENNETH  
5680 N. A1A #211  
VERO BEACH, FL 32963** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
Bill Kennedy  
5680 N A1A #212  
VERO BEACH, FL 32963** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
GUILBAULT, GIL  
5680 N A1A 312  
VERO BEACH, FL 32963** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
Diana Osbahr  
5680 N A1A #208  
VERO BEACH, FL 32963** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
ELBERFIED, JOHN  
5680 N A1A 311  
VERO BEACH, FL 32963** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
Kevin McMahon  
5680 N A1A #307  
VERO BEACH, FL 32963** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
DEACON, OREN  
5680 N A1A 206  
VERO BEACH, FL 32963** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Arnold Beckhardt  
5680 N A1A #317  
VERO BEACH, FL 32963** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Walter L. Kennedy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-07

Date

Daytime Phone #