

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90065 025 ****61.25

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01062005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000003982					
1. Entity Name THE LANDINGS AT VICTORIA ISLES ASSOCIATION, INC.					
Principal Place of Business INTEGRITY PROPERTY MGMNT 953 UNIVERSITY DR. CORAL SPRINGS, FL 33071			Mailing Address P.O. BOX 8726 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1037185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHITTLE, JOHN A C/O INTEGRITY PROPERTY MANAGEMENT 953 UNIVERSITY DR CORAL SPRINGS, FL 33071					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 PD	NAME POLLO, JOE		TITLE ROLLO	NAME ROLLO	
STREET ADDRESS 5768 NW 48TH AVE.	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME VARGO, TODD		TITLE	NAME	
STREET ADDRESS 5810 NW 48 AVE.	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS	CITY-ST-ZIP	
TITLE VDD	NAME DUMA, BEN		TITLE	NAME	
STREET ADDRESS 5753 NW 48TH AVE.	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME BEE, JEFFREY		TITLE	NAME	
STREET ADDRESS 4804 N.W. 58TH MANOR	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME TOGGERST, ELAINE		TITLE	NAME	
STREET ADDRESS 4844 NW 58TH AVENUE	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <i>[Signature]</i> PRESIDENT Jan 26, 2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					