

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003982

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** THE LANDINGS AT VICTORIA ISLES ASSOCIATION, INC.

**Current Principal Place of Business:**

INTEGRITY PROPERTY MGMNT  
953 UNIVERSITY DR.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 8726  
CORAL SPRINGS, FL 33075

**New Mailing Address:**

**FEI Number:** 65-1037185      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WHITTLE, JOHN A  
C/O INTEGRITY PROPERTY MANAGEMENT  
953 UNIVERSITY DR  
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: ROLLO, JOE  
Address: 5768 NW 48TH AVE.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD ( ) Delete  
Name: DOUMA, BEN  
Address: 5753 NW 48TH AVE.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: S ( ) Delete  
Name: MONINGTON, SUZANNE  
Address: 5912 NW 47TH AVE  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: ROSENBERG, MICHAEL  
Address: 4774 NW 57TH PLACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: MONINGTON, SUZANNE  
Address: 5912 NW 47TH AVE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN DOUMA

PD

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date