

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000003985**

1. Entity Name  
**THE SHORES AT VICTORIA ISLES ASSOCIATION, INC.**



Principal Place of Business  
**1750 UNIVERSITY DRIVE  
SUITE #205  
CORAL SPRINGS, FL 33071**

Mailing Address  
**1750 UNIVERSITY DRIVE  
SUITE #205  
CORAL SPRINGS, FL 33071**

*M*



01072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1037185</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable
<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SWIFT MANAGEMENT SOLUTIONS  
1750 UNIVERSITY DRIVE  
#205  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **GOLDBERG, LENNY**  
STREET ADDRESS **5737 NW 49 LANE**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **VP**  
NAME **PHELPS, JAMES**  
STREET ADDRESS **4873 NW 59 CT**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **S**  
NAME **SHULMAN, NORMAN**  
STREET ADDRESS **4848 NW 58 PLACE**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **T**  
NAME **DEBLASI, PETER**  
STREET ADDRESS **5797 NW 49 LANE**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE **D**  
NAME **ROANEY, PAUL**  
STREET ADDRESS **4823 NW 59 COURT**  
CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000636194  
02/26/07-80007-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 817, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/6/07 3416341*