# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005215

**Entity Name:** VICTORIA FALLS HOMEOWNERS ASSOCIATION, INC.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 11145 TAMIAMI TRAIL EAST<br>NAPLES, FL 34113 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 11145 TAMIAMI TRAIL EAST<br>NAPLES, FL 34113 | |

FEI Number: 74-3030822    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| DURSO, SAMUEL DR.<br>891 PARTRIDGE COURT<br>MARCO ISLAND, FL 34145    US | FULKER, DANA CAM<br>CARDINAL MANAGEMENT GROUP OF FL, INC.<br>4670 CARDINAL WAY, SUITE 302<br>NAPLES, FL 34112 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: DANA FULKER, CAM                                    04/04/2011
_____          _____
Electronic Signature of Registered Agent                        Date

## OFFICERS AND DIRECTORS:

Title:       P
Name:      MOSQUERA, ELIZABETH
Address:   12155 FULLER LANE
City-St-Zip: NAPLES, FL 34113

Title:       VP
Name:      HERNANDEZ, SILVA
Address:   12211 FULLER LANE
City-St-Zip: NAPLES, FL 34113

Title:       VP
Name:      GOMEZ, ROSALIA
Address:   12100 SITTERLEY STREET
City-St-Zip: NAPLES, FL 34113

Title:       S
Name:      SCHUMANN, THEODAT
Address:   12146 FULLER LANE
City-St-Zip: NAPLES, FL 34113

Title:       T
Name:      LONDONO, ROSALBA
Address:   12203 FULLER LANE
City-St-Zip: NAPLES, FL 34113

Title:       D
Name:      HERRERA, YOLANDA
Address:   12167 FULLER LANE
City-St-Zip: NAPLES, FL 34113

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH MOSQUERA                      P                04/04/2011
_____          _____
Electronic Signature of Signing Officer or Director             Date