2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003358

1. Entity Name
VICTORIA VISTA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
607 NE 17TH WAY FT LAUDERDALE, FL 33304	607 NE 17TH WAY FT LAUDERDALE, FL 33304

01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0398752
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, JAMES P
607 NE 17TH WAY
FT LAUDERDALE, FL 33304

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000778699
01/11/08-80007-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDONALD, JAMES P
STREET ADDRESS	607 NE 17TH WAY
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	VPTD
NAME	FOLEY, SUSAN L
STREET ADDRESS	603 NE 17TH WAY
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	SD
NAME	BOZARTH, KENNETH E
STREET ADDRESS	607 NE 17TH WAY
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James P McDonald JAMES P. McDONALD 1/07/08 561-368-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #