

APPROVED AND FILED

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

05 MAR 30 PM 3:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N01000006261

1. Entity Name
VICTORIA GROVE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business
C/O TCC, LTD.
2950 N 28TH TERRACE
HOLLYWOOD, FL 33020

Mailing Address
C/O TCC, LTD.
2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020

2. Principal Place of Business
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country

REINSTATEMENT 04-05



02112005 REIN-NP CR2E099 (6/04) *MRS*

4. FEI Number Applying for Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BAKALAR, BROUGH & CHADROW, P.A.
150 S. PINE ISLAND RD
SUITE 540
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Bakalar & Eichner, P.A.
Westside Corporate Center
150 South Pine Island Road, Suite 540
Plantation, FL 33324

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 *Lee Jebb* DATE *2/11/05*

Signature of filer or signed name of registered agent and FEI required (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDREACCI, DAN 1600 VICTORIA GROVE BLVD ROYAL PALM BEACH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLAFFER, DAVE 1600 VICTORIA GROVE BLVD ROYAL PALM BEACH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLIESLY, DICK 3851 US 441 WELLINGTON, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> Charmie Dean 10400 Versailles Blvd Wellington 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/14/05--01015--011 **122.50

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 included 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 trustee 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 attached list with an address, with all other like empowered.

SIGNATURE: *Charmie Dean* DATE: *3/1/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR

79901