NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006261

1. Entity Name
Victoria Grove Homeowners Association, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 12 AM 11:36

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REINSTATEMENT 02-03
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2. Principal Place of Business	3. Mailing Address
c/o TCG, Ltd.	Same
Suite, Apt. #, etc. 2950-N. 28th Terr.	Suite, Apt. #, etc.
City & State Hollywood, FL	City & State
Zip 33020 Country	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Tony Kallicha - Continental Group

Street Address (P.O. Box Number is Not Acceptable) 2950-N 28th Terr

City Hollywood, FL FL Zip Code 33020

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 _____ 6/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Pres
NAME	Dan Andriacci
STREET ADDRESS	1600 - Victoria Grove Blvd
CITY-ST-ZIP	Royal Palm Bch, FL 33467
TITLE	V.P.
NAME	Dave Klafter
STREET ADDRESS	1600 Victoria Grove Blvd
CITY-ST-ZIP	Royal Palm Bch, FL 33467
TITLE	S/T
NAME	Dick Kleaty
STREET ADDRESS	3851 - US 441
CITY-ST-ZIP	Wellington, FL 33467
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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CR2E037B (12/02)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #