


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90151 038 \*\*\*\*61.25

<b>DOCUMENT # N01000007472</b> 1. Entity Name <b>VICTORIA HARBOR CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>728 VICTORIA DR #102 CAPE CORAL, FL 33904</b>		Mailing Address <b>728 VICTORIA DR #102 CAPE CORAL, FL 33904</b>	
2. Principal Place of Business <i>% American Condo Mgmt</i> Suite, Apt. #, etc. <b>PO Box 100399</b> City & State <b>CAPE CORAL, FL</b> Zip <b>33910</b>		3. Mailing Address <i>% American Condo Mgmt</i> Suite, Apt. #, etc. <b>PO Box 100399</b> City & State <b>CAPE CORAL, FL</b> Zip <b>33910</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>03-0394761</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MULLEN, DAWN 728 VICTORIA DR #202 CAPE CORAL, FL 33904</b>		7. Name and Address of New Registered Agent Name <b>Susan Kase</b> Street Address (P.O. Box Number is Not Acceptable) <b>615 Cape Coral Pkwy W #103</b> City <b>CAPE CORAL</b> FL <b>33914</b>	
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 <i>Susan Kase</i> <i>Susan Kase</i> <i>5/30/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLEN, DAWN 728 VICTORIA DR #202 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP UWE, MEYER 728 VICTORIA DR #201 CAPE CORAL, FL 33904	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	STD DOROTHE MULLEN 728 VICTORIA DR #101 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" 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
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
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
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: <i>Dawn Mullen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>5/1/06</i> Daytime Phone # <i>239-542-4404</i>	

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