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TAIL AHASSEE, FLORIDA

Phone

COVER LETTER

Amendment Section Division of Corporations?

TO:

SUBJECT: Victoria Harbor Condominium As	sociation. Inc.			
(Name of Co	orporation)			
DOCUMENT NUMBER: 03-0394761				
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Cathy J. Sorenson				
(Name of Cor	ntact Person)			
Sorenson Realty, Inc. (Firm/Company)				
(Finized	mipany)			
2930 Del Prado Blvd, S Suite B				
(Add	ress)			
Cape Coral, FL 33904 (City/State ar	od Zin Code)			
· ·	• •			
For further information concerning this matter, please of	caii:			
Cathy J. Sorenson	at (239) 540-7447			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Depart	ment of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	er to change its registered office or registered		, 1°10/100.
	the corporation: Victoria Harbor Condominiu	2930 Del Prado Blvd, S	Suite B
	office address: C/O Sorenson Realty, Inc. , FL 33904	2500 Dei 1 1800 Diva, 0	Contract Con
			
3. The maning a	address (if different):		<u>, , , , , , , , , , , , , , , , , , , </u>
4. Date of incor	poration/qualification: 10/19/2001	Document number: N0100	00007472
	d street address of the current registered agen rtment of State:	t and registered office on file	with the
	Susan Kase		
	615 Cape Coral Parkway, W-103	•	TAS 9
	Cape Coral, FL 33914		THE P
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered	office office
	Sorenson Realty, Inc.		FL 08: 5:
	2930 Del Prado Blvd, S Suite I	3	IDA S
	(P.O. Box NOT acceptable) Cape Coral, FL 33904		
The street addr	ess of its registered office and the street add I be identical.	dress of the business office o	f its registered agent,
Such change wauthorized by t	as authorized by resolution duly adopted by the board, or the corporation has been notifi	y its board of directors or by led in writing of the change.	an officer so
Dawn (Signal	Mullan (ure of an officer or director)	Dawn Mu (Printed or typed name)	and title)
I hereby accept	t the appointment as registered agent and a to comply with the provisions of all statute, nd I am familiar with and accept the obliga ing filed merely to reflect a change in the re	gree to act in this capacity. s relative to the proper and a tion of my position as regista egistered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
of my duties, and document is be corporation ha	s been notified in writing of this change.		
Corporation na	gnature of Registered Agent)	5/21/20	07
Carly &	s been noursed in writing of this change.	5/21/20.	07

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)