

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007472

FILED
Apr 29, 2009
Secretary of State

Entity Name: VICTORIA HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SORENSON REALTY, INC.
2930 DEL PRADO BLVD S, SUITE B
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

C/O SORENSON REALTY, INC.
2930 DEL PRADO BLVD S, SUITE B
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 03-0394761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORENSON, CATHY J
2930 DEL PRADO BLVD, S
SUITE B
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MULLEN, DAWN
Address: 728 VICTORIA DR #202
City-St-Zip: CAPE CORAL, FL 33904

Title: DVP () Delete
Name: MCVAUGH, THOMAS
Address: 728 VICTORIA DR #201
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: EBBIGHAUSEN, HENRY
Address: 728 VICTORIA DR. #102
City-St-Zip: CAPE CORAL, FL 33904

Title: TD (X) Delete
Name: MULLEN, DOROTHE
Address: 728 VICTORIA DR #101
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN MULLEN

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date