

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005188

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** VICTORIA TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT.  
615 CAPE CORAL PKWY W., #103  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MANAGEMENT, INC.  
P.O. BOX 100399  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 57-1153690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASE, SUSAN  
615 CAPE CORAL PKWY W  
#103  
CAPE CORAL, FL 33914 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: D ( ) Delete  
Name: PLUNKERT, CHARLES  
Address: 1188 LONG VALLEY RD  
City-St-Zip: WESTMINSTER, MD 21158

Title: VD ( ) Delete  
Name: MILES, JOHN  
Address: 285 S. MASSANUTTEN ST.  
City-St-Zip: STRASBURG, VA 22657

Title: STD ( ) Delete  
Name: MCVAUGH, JOHN  
Address: 42041 BRIGHTWOOD LN  
City-St-Zip: LEESBURGH, VA 20176

**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:

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: JOHN MILES

VP

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date