

04-05 Rein. 11/2

2005 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT

FILED

05 AUG -9 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005189	
1. Entity Name VICTORIA WATERFRONT CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 4905 CHIQUITA BLVD STE 101 CAPE CORAL, FL 33914	Mailing Address 4905 CHIQUITA BLVD STE 101 CAPE CORAL, FL 33914
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2. Principal Place of Business Suite, Apt. #, etc. 909 SE 47th TERR, STE 105 City & State CAPE CORAL, FL Zip 33904 Country USA	3. Mailing Address Suite, Apt. #, etc. P.O. Box 100399 City & State CAPE CORAL, FL Zip 33910 Country USA
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03142005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent SCHUTT, DARREN M 1105 CAPE CORAL PKWY E CAPE CORAL, FL 33904
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7. Name and Address of New Registered Agent Name SUSAN KASE Street Address (P.O. Box Number is Not Acceptable) 909 SE 47th TERR. Suite 105 City CAPE CORAL FL Zip Code 33904
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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 Susan Kase 8/5/05 4/23/05  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, MARJORIE 4905 CHIQUITA BLVD STE 101 CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWENDICK, DURANCE 5503 SW 14 AVE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISWONGER, THOMAS 1137 GOLDEN OLIVE COURT SANIBEL, FL 33957 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARENCE Hilbert 9316 Xylon Circle Bloomington, MN 55438 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Peting 6553 Snug Harbor Dr. Willowbrook, IL 60527 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Kenya Powell 720 Victoria Dr. #201 CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400058848424 08/22/05--01059--003 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/4/04 90127 036-6125 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenya Powell Kenya Powell 4/27/05 239-542-4404  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
Kenya Powell 8/5/05

**AMERICAN CONDOMINIUM MANAGEMENT, INC.**

909 SE 47th Terrace • Suite 105  
Cape Coral, Florida 33904



P.O. Box 100399  
Cape Coral, FL 33910

Office: 239-542-4404  
Fax: 239-542-0082

Florida Dept of State  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

August 4, 2005

To Whom It May Concern:

Enclosed please find a copy of check #1186 and annual report #N02000005189 for Victoria Waterfront Condo Assoc., dated April 27, 2005. After reviewing the State's website SunBiz.Com I noticed that this association hasn't been re-instated. My records also indicate that check #1186 has not cleared my bank and I have never received this information back from the State. I have voided this check and re-issued a check for the same amount and have re-signed the same documents.

Kindly process these reports without penalty. If you have any further concerns please contact me at the above address.

Sincerely,

Sue Kase  
Property Manager