

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006179

FILED
Apr 29, 2009
Secretary of State

Entity Name: LA VICTORIA PARK ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

844 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

844 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 56-2287945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORING, CHARLES
844 NORTH VICTORIA PARK ROAD
FORT LAUDERDALE, FL 33304 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: PRES () Delete
Name: LORING, CHARLES
Address: 844 NORTH VICTORIA PARK ROAD
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VP () Delete
Name: PHAM, DAN
Address: 1774 N.E. 9TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SEC () Delete
Name: KOTTKE, LAURA
Address: 1770 N.E. 9TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TREA () Delete
Name: FACCADIO, JEAN
Address: 1782 NE 9TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

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: CHARLES LORING

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date