

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009579

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** VICTORIAN OAKS TOWNHOMES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

644 4TH AVE. S,  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

698 4TH AVE. S,  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 13796  
SAINT PETERSBURG, FL 33733

**New Mailing Address:**

250 104TH AVE.  
TREASURE ISLAND, FL 33706

**FEI Number:** 04-3742720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, LEONARD H  
37837 MERIDIAN AVENUE SUITE 314  
DADE CITY, FL 33525 US

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

LAMONT, SUE H  
250 104TH AVE.  
TREASURE ISLAND, FL 33706 US

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: SUE LAMONT

03/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROBERTS, DUANE E  
Address: PO BOX 13796  
City-St-Zip: ST PETERSBURG, FL 33733

Title: DST ( ) Delete  
Name: SMITH, THOMAS E  
Address: 13924 7TH STREET  
City-St-Zip: DADE CITY, FL 33525

Title: DV (X) Delete  
Name: ROBERTS, KEVIN T  
Address: 13924 7TH STREET  
City-St-Zip: DADE CITY, FL 33525

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NUCAS, MARGARET  
Address: 690 4TH AVE. S. #609  
City-St-Zip: ST PETERSBURG, FL 33701

Title: S (X) Change ( ) Addition  
Name: KLINKENBURG, SUSAN  
Address: 684 4TH AVE. S. #684  
City-St-Zip: ST. PETERSBURG, FL 33701

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: MARGARET NUSCA

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date