

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90313 043 ****61.25

DOCUMENT # N03000000775

1. Entity Name
VICTORIA STATION PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
4003 NE 23 PLACE
4007 NE 23RD TERR
OCALA FL 34470

Mailing Address
4003 NE 23 PLACE
4007 NE 23RD TERR
OCALA FL 34470



2. Principal Place of Business
4003 NE 23 PL
Suite, Apt. #, etc.
#6

3. Mailing Address
4003 NE 23 PL
Suite, Apt. #, etc.

City & State
Ocala FL

City & State
Ocala FL

Zip
34470

Country
USA

Zip
34470

Country
USA

1st MOORE CR2E037 (10/05)

4. FEI Number
56-2454085

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BAZEMORE, JOHN L
4007 NE 23RD TERR
OCALA FL 34470

7. Name and Address of New Registered Agent
Name
Della Marteny
Street Address (P.O. Box Number is Not Acceptable)
4003 NE 23 Place
City
Ocala FL Zip Code
34470

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 **Della Marteny** **DELLA MARTENY** **4/3/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAZEMORE, JOHN L 4007 NE 23RD TERR OCALA FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Della Marteny 4003 NE 23 PLACE OCALA, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAZEMORE, WILLIAM D 4007 NE 23RD TERR OCALA FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JOAN Cornelson 2218 NE 40 TH Ocala, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BAZEMORE, PATRICIA E 4007 NE 23RD TERR OCALA FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS JOAN Backen 2200 NE 40 TH Ocala, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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: **Della Marteny** **4/3/06** **352/236-3462**