2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004259

FILED Mar 17, 2009 Secretary of State

Entity Nan	ne: VICTO	ORIA PARK SC	DHO HOMEOWNER	S ASSO	CIATION, IN	IC.			
Current Principal Place of Business:					New Principal Place of Business:				
3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762					777 S. HARBOUR ISLAND BLVD. STE 270 TAMPA, FL 33602				
Current Mailing Address:					New Mailing Address:				
3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762					6221 LAND O' LAKES BLVD. LAND O' LAKES, FL 34638				
FEI Number:	11-3690720	FEI Numb	er Applied For()	FEI Nun	nber Not Appli	cable ()	Certific	ate of Status	Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
CONDO. ASSOCS 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762 US					ANTONIO DUARTE, III PA 6221 LAND O' LAKES BLVD. LAND O' LAKES, FL 34638 US				
	named ent of Florida.		s statement for the p	urpose o	f changing it	s registere	d office or	registered a	agent, or both,
SIGNATURE: ANTONIO DUARTE, III PA					03/17/2009				
	Elec	tronic Signatur	e of Registered Age	nt				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P NEWMAN, 2421 VICTO TAMPA, FL	DRIA GARDENS L	_N		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	STD SILVER, TO 2417 VICTO TAMPA, FL	DRIA GARDENS L	_N		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	DT MARMOT, 2 2407 VICTO TAMPA, FL	DRIA GARDENS L	_N		Title: Name: Address: City-St-Zip:		RIA GARDEI	` '	

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: CRAIG NEWMAN Ρ 03/17/2009