


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90219 015 ****61.25

DOCUMENT # N03000009450 1. Entity Name VICTORIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ETHERIDGE PROPERTY MGMT. STE 4 PENSACOLA, FL 32503 US			Mailing Address 3298 SUMMIT BLVD. STE 4 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0837841	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ETHERIDGE, RAY O 3298 SUMMIT BLVD, STE 4 PENSACOLA, FL 32503			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	VPD <i>Keyes, DEBRA</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNUDSEN, JACQUELYN		NAME	<i>3774 McNEEMAR CT</i>	
STREET ADDRESS	3053 ILLINOIS PLACE		STREET ADDRESS	<i>GULF BREEZE, FL 32563</i>	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORES, JOSEFREDERICK		NAME		
STREET ADDRESS	3762 BROADWALK CT		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D <i>WILEN, KAY</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLEMN, CHRISTEN		NAME	<i>189 STERLING POINT PL.</i>	
STREET ADDRESS	1235 STERLING POINT PLACE		STREET ADDRESS	<i>GULF BREEZE, FL 32563</i>	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEADRICK, PEGGY		NAME		
STREET ADDRESS	1239 STERLING POINT PLACE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARVAHLO, SILVIA		NAME		
STREET ADDRESS	3761 MONOPOLY CT		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jacquelyn Knudsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Jacquelyn Knudsen</i> <small>Date</small>		
			<small>Daytime Phone #</small>		