


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90123 028 ****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 # 908 Gardengate Cir		3. Mailing Address 908 Gardengate Cir			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number 20-0837841	
Zip 32504		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD-STE 4 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 Gardengate Circle City Pensacola FL Zip Code 32504		
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME KNUDSEN, JACQUELYN STREET ADDRESS 3053 ILLINOIS PLACE CITY-ST-ZIP GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE VPRES NAME MARCO CARVAHALO STREET ADDRESS 3761 MONOPOLY CT CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FLORES, JOSEFREDERICK STREET ADDRESS 3762 BROADWALK CT CITY-ST-ZIP GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KLEMN, CHRISTEN STREET ADDRESS 1235 STERLING POINT PLACE CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HEADRICK, PEGGY STREET ADDRESS 1239 STERLING POINT PLACE CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME CARVAHALO, SILVIA STREET ADDRESS 3761 MONOPOLY CT CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME KEYES, DEBRA STREET ADDRESS 3774 MCNEMAR CT CITY-ST-ZIP GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE PRES NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" 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 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>Debra Keyes</i> Debra Keyes			4/21/08 (850) 484-2611		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		