
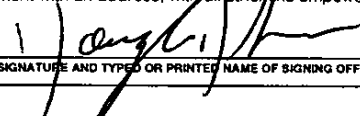


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90007 047 ****61.25

| | | | | | |
|--|--------------------|--|--|--|---|
| DOCUMENT # N03594 | | | |  | |
| 1. Entity Name VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 16105 N FLORIDA SUITE A LUTZ, FL 33549 US | | | Mailing Address 16105 N FLORIDA SUITE A LUTZ, FL 33549 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2434118 | |
| | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLINS, KAAREN | | | NAME | |
| STREET ADDRESS | 16105 N FLORIDA #A | | | STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ, FL 33549 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KING, MICHELLE | | | NAME | |
| STREET ADDRESS | 16105 FLORIDA #A | | | STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ, FL 33549 | | | CITY-ST-ZIP | |
| TITLE | DV | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, DOUGLAS | | | NAME | |
| STREET ADDRESS | 16105 N FLORIDA #A | | | STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ, FL 33549 | | | CITY-ST-ZIP | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRENNAN, SARAH | | | NAME | |
| STREET ADDRESS | 16105 N FLORDIA #A | | | STREET ADDRESS | |
| CITY-ST-ZIP | LUTZ, FL 33549 | | | 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 | |
| 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:  | | | | 2/3/06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | |
| | | | | <small>Daytime Phone #</small> | |

ATTACHMENT

40010428

RUN DATE: 1/26/06
 RUN TIME: 4:03 PM

N03594

Page: 1

VICTORIA TERRACE CONDOMINIUMS
 BOARD/COMMITTEE MEMBERS REPORT AS OF 01/26/06

| NAME/ADDRESS | TITLE/E-MAIL | WORK/FAX | HOME/CELL | TERM EXPIRATION |
|--------------|--------------|----------|-----------|-----------------|
|--------------|--------------|----------|-----------|-----------------|

CLASS: PRESIDENT

| | | | |
|---|---|--|------------|
| KAAREN MULLINS 11353 Stratton Park Dr Temple Terrace FL 33617 | President Sunmoonglo@aol.com or condomail113@msn.com | 914-8533 Fax 899-2680 245-5775 cell 989-0219 home | April 2004 |
|---|---|--|------------|

CLASS: VICE PRESIDENT

| | | | |
|--|-----------------------------------|---------------------------|------------|
| DOUGLAS D. LEE 11356 STRATTON PARK DRIVE TEMPLE TERRACE FL 33617 | Vice President DDLee22@aol.com | 984-4614 334-2123 cell | April 2004 |
|--|-----------------------------------|---------------------------|------------|

CLASS: DIRECTOR

| | | | |
|--|----------|---|------------|
| MICHELLE KING 18251 CLEAR LAKE DRIVE LUTZ FL 33548 | Director | 263-2171 cell 949-2567 Home 949-7498 Fax | April 2004 |
|--|----------|---|------------|

CLASS: SECRETARY

| | | | |
|--|---------------------------------------|----------|------------|
| Sarah Brennan 11348 GRANDVILLE DRIVE TEMPLE TERRACE FL 33617 | Secretary Sarah.Brennan@Med.Va.gov | 899-0720 | April 2004 |
|--|---------------------------------------|----------|------------|

CLASS: TREASURER

| | | | |
|--|---|----------|------------|
| APRIL M. HAMILTON 5920 STRATTON PARK DRIVE TEMPLE TERRACE FL 33617 | Treasurer April_M_Hamilton@hotmail.com | 988-8073 | April 2004 |
|--|---|----------|------------|