

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03594

FILED
Mar 12, 2009
Secretary of State

Entity Name: VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

16105 N FLORIDA
SUITE A
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

16105 N FLORIDA
SUITE A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2434118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MULLINS, KAAREN
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: KING, MICHELLE
Address: 16105 FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VP () Delete
Name: LEE, DOUGLAS
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: PICCOLO, NORMANDY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: VALDEZ, JOHN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TP (X) Change () Addition
Name: LEE, DOUGLAS
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change () Addition
Name: PICCOLO, NORMANDY
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change () Addition
Name: VALDEZ, JOHN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

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: KAAREN MULLINS

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date