

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90050 049 \*\*\*\*61.25

**DOCUMENT # N04000000459**

1. Entity Name  
**THE VICTORIA CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.**



Principal Place of Business  
**1101 VICTORIA DRIVE  
 DUNEDIN, FL 34698**

Mailing Address  
**4175 EAST BAY DRIVE  
 SUITE 205  
 CLEARWATER, FL 33764**

40061120



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip

04032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RICKETTS, JEFFREY J  
 1101 VICTORIA DRIVE  
 DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

Name **KIRK BLISS**  
 Street A **CMC**  
**4175 East Bay Dr., Suite 205**  
 City **Clearwater, FL 33764** 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 *Kirk Bliss* DATE **4/04/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, JANICE	
STREET ADDRESS	1101 VICTORIA DRIVE # 17	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOMSTEIN, ALAN	
STREET ADDRESS	1015 VICTORIA DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHACKTON, ROBERT	
STREET ADDRESS	1101 VICTORIA DR #16	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHACKTON, CATHY	
STREET ADDRESS	1101 VICTORIA DR #16	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Cathy Shackton* DATE: *3/31/08* DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #