## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000459

FILED Apr 08, 2009 Secretary of State

Entity Name: THE VICTORIA CONDOMINIUM ASSOCIATION OF DUNEDIN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1101 VICTORIA DRIVE DUNEDIN, FL 34698 **Current Mailing Address: New Mailing Address:** 4175 EAST BAY DRIVE 4585 140TH AVE SUITE 205 SUITE 205 CLEARWATER, FL 33764 CLEARWATER, FL 33762 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COMMUNITY MANAGEMENT CONCEPTS, INC. 4585 140TH AVE. NORTH SUITE 1012 CLEARWATER, FL 33762 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOORE, JANICE Name: Name: 1101 VICTORIA DRIVE # 17 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition BOMSTEIN, ALAN Name: Name: Address: 1015 VICTORIA DRIVE Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition SHACKTON, ROBERT Name: SHACKTON, CATHY Name: 1101 VICTORIA DR #16 Address: 1101 VICTORIA DR #16 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698 Title: ST (X) Delete Title: () Change () Addition Name: SHACKTON, CATHY Name: 1101 VICTORIA DR #16 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip:

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: JANICE MOORE P 04/08/2009