

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004273

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE VICTORIAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

120 E. OAKLAND PARK BLVD.
NO. 207
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

403 NE 16 AVE
APT 8
FORT LAUDERDALE, FL 33301

Current Mailing Address:

120 E. OAKLAND PARK BLVD.
NO. 207
FORT LAUDERDALE, FL 33334

New Mailing Address:

PO BOX 70264
FORT LAUDERDALE, FL 33307

FEI Number: 20-3496635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

METRO RESIDENTIAL
120 E. OAKLAND PARK BLVD.
NO. 207
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

JUAN PEREZ & ASSOCIATES
8569 PINES BLVD
216
PEMBROKE PINES, FL 33024 US

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: JUAN PEREZ

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAWNEPOEL, KOBUS
Address: 401 NE 16TH AVE., NO. 1
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VSTD () Delete
Name: BERLAGE, MELISSA
Address: 401 NE 16TH AVE., NO. 4
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ST () Delete
Name: ROSE, GREG
Address: 15751 SHERIDAN ST., NO. 187
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWANEPOEL, KOBUS
Address: 401 NE 16TH AVE NO. 1
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VPD (X) Change () Addition
Name: CRUZ BARRERA, MAYRA
Address: 403 NE 16 AVE NO. 8
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DST (X) Change () Addition
Name: CUNNINGHAM, LILLIAN
Address: PO BOX 142888
City-St-Zip: IRVING, TX 75014

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: MAYRA CRUZ BARRERA

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date