




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90269 031 ****61.25

DOCUMENT # N04000004538 1. Entity Name VICTORIA STATION CONDOMINIUM ASSN., INC.			
Principal Place of Business 618 NW 60 STREET SUITE A GAINESVILLE, FL 32607		Mailing Address 618 NW 60 STREET SUITE A GAINESVILLE, FL 32607	
2. Principal place of business 5522-B NW 43rd Street city & state Gainesville, FL Zip 32653 County Alachua		3. Mailing Address 5522-B NW 43rd Street city & state Gainesville, FL Zip 32653 County Alachua	
			
		02102005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 20-1165 943	
		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUGH, MERRILL 618 NW 60 STREET SUITE A GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Richard A. Tenaglia c/o Bosshardt Property Mgt. 5522-B NW 43rd Street Gainesville, FL 32653 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/10/2005 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D PUGH, MERRILL 618 NW 60 STREET SUITE A GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	SD. Greg Winkler 420 SW 80th Dr. Gainesville FL 32607.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, SUZANNE 618 NW 60 STREET SUITE A GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	PD Erik Rostholder 3510 SW 30th Way #149 Gainesville, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CARL L 4421 NW 39TH AVENUE SUITE 1-2 GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete	TD Jennifer Newsome 3549 SW 30th Way #125 Gainesville, FL 32608.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Erik Rostholder <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/22/05 Daytime Phone # 904-987-0547	