2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam VICTORIA	MENT # NU4UUUUU45 A STATION CONDOMINIUM A			03-07-2005 90269 031 ****61.25
Principal Place 618 NW 60 S SUITE A GAINESVILLE	STREET	Meiling Address 618 NW 60 STREET SUITE A GAINESVILLE, FL 32607		
5522- city & s		Mailing Address 5522-B NW 43rd 5 city & state	Street -	02102005 Chg-NP CR2E037 (10/03)
Zip 32	esville, FL 653 County Alachua	Gainesville,-FL Zip 32653 Co	ounty Alachua	4. FEI Number 20 - 1165 943 Applied For Not Applicable
·				5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Reg	istered Agent		7. Name and Address of New Registered Agent
PUGH, ME 618 NW 60 SUITE A GAINESVI	RRILL	· · · · · · · · · · · · · · · · · · ·	c/o Bo 5522-I	rd A. Tenaglia sshardt Property Mgt. B NW 43 rd Street
İ			Gaines	sville, FL 32653 Zip Code
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		purpose of changing its re	egistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accep
the colligat	ions of registered agent.			
				2/10/2005
SIGNATURE.		~		~11012003
!	Signature, typed or printed name of registered agent and to	tie diapplicable. (NOTE: F	Regustered Agent signstrum	required when renstating) DATE
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor		\$5.00 May Be Make check payable to
	Due by may 1, 2005	11830 418 00	intibulion.	Added to Fees Florida Department of State
10.				a Maranandra a mara
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE	OFFICERS AND DIREC		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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Thereby certify that the information supplied with this limit does not quality for the exemption stated in section 119.07(3)(t), Florida Statutes. I further certary 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

<u> 2/27/05. 904-987-0547</u>