2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N04000005495

Entity Name: VICTORIA CORNER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1609 NE 9TH ST
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1609 NE 9TH ST.
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 72-1596820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAVES, ROBERT K
1609 NE 9TH ST.
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SMITH, TODD
Address: 900 NE 16TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: VD ( ) Delete
Name: ROBERT, STEPHEN
Address: 1609 NE 9TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD ( ) Delete
Name: GRAVES, ROBERT K
Address: 1605 NE 9TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: T ( ) Delete
Name: MCMILLIN, BILL
Address: 1609 NE 9TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ROBERT, STEPHEN
Address: 1609 NE 9TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: ADAMS, PAUL
Address: 1607 NE 9TH ST
City-St-Zip: FT. LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT K. GRAVES SD 03/23/2007

Electronic Signature of Signing Officer or Director — Date