2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006543

Entity Name: VITTORIA CONDOMINIUM ASSOCIATION, INC.

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12200 1ST ST. WEST TREASURE ISLAND, FL 33706 TREASURE ISLAND, FL 33706

Current Mailing Address: New Mailing Address:

QUALITY MANAGEMENT SERVICES
P.O. BOX 66245
PO BOX 86507
SAINT PETERSBURG, FL 33736
C/O CONDO MGT PLUS, INC.
PO BOX 86507
MADEIRA BEACH, FL 337386507

FEI Number: 20-1330585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZACUR, RICHARD

5200 CENTRAL AVE

SAINT PETERSBURG, FL 33707 US

MASUT, ANGELO

12200 FIRST STREET, WEST

UNIT 202

TREASURE ISLAND, FL 33707 US TREASURE ISLAND, FL 33706 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: ANGELO MASUT 03/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: P (X) Change () Addition Name: MASUT, ANGELO Name: MASUT, ANGELO

Address: 12200 1ST ST. W. Address: 12200 FIRST STREET, WEST, UNIT 202

City-St-Zip: TREAS. ISLD, FL 33706 City-St-Zip: TREASURE ISLAND, FL 33706

Title: DT () Delete Title: V (X) Change () Addition Name: PACETTI, MICHAEL Name: ROMANELLO, DEBRA

 Address:
 12200 1ST ST. W.
 Address:
 12200 FIRST STREET WEST, UNIT 301

 City-St-Zip:
 TREAS. ISLD, FL 33706
 City-St-Zip:
 TREASURE ISLAND, FL 33706

Title: DS () Delete Title: T (X) Change () Addition

 Name:
 ROMANELLO, DEBBIE
 Name:
 PACETTI, MICHAEL

 Address:
 555 5TH AVE N.E. STE. 814
 Address:
 12200 FIRST STREET WEST, UNIT 403

 City-St-Zip:
 SAINT PETERSBURG, FL 33701
 City-St-Zip:
 TREASURE ISLAND, FL 33706

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: ANGELO MASUT P 03/30/2007