


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N04000011955	
1. Entity Name VICTORIA PARK TOWNHOMES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 17150 ROYAL PALM BLVD SUITE #4 WESTON, FL 33326	Mailing Address 17150 ROYAL PALM BLVD SUITE #4 WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**



03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2721421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MACEDA, FIDEL DP 17150 ROYAL PALM BLVD SUITE 4 FORT LAUDERDALE, FL 33326
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)


Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACEDA, FIDEL 17150 ROYAL PALM BLVD STE 4 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MACEDA, FERNANDO 17150 ROYAL PALM BLVD STE 4 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BORGES, CONSUELO 17150 ROYAL PALM BLVD SUITE# 4 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80002-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Fidel Maceda 3/13/2007 754 9932238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #