

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90025 013 \*\*\*\*61.25

<b>DOCUMENT # N04000011955</b>						
<b>1. Entity Name</b> VICTORIA PARK TOWNHOMES PROPERTY OWNERS' ASSOCIATION, INC.						
<b>Principal Place of Business</b> 17150 ROYAL PALM BLVD SUITE #4 WESTON, FL 33326			<b>Mailing Address</b> 17150 ROYAL PALM BLVD SUITE #4 WESTON, FL 33326			
<b>2. Principal Place of Business - No P.O. Box #</b> 1818 Mariners Ln Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.				
<b>City &amp; State</b> WESTON, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-2721421		
<b>Zip</b> 33327-1334		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> MACEDA, FIDEL DP 17150 ROYAL PALM BLVD SUITE 4 FORT LAUDERDALE, FL 33326				<b>7. Name and Address of New Registered Agent</b> Name: <u>Maceda Fidel DP</u> Street Address (P.O. Box Number is Not Acceptable): <u>1818 Mariners Ln</u> City: <u>WESTON</u> <b>FL</b> <b>Zip Code</b> <u>33327</u>		
<b>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.</b>						
SIGNATURE: <u>[Signature]</u> <u>DP</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>3/25/08</u>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> DP	<b>NAME</b> MACEDA, FIDEL		<input type="checkbox"/> Delete	<b>TITLE</b> DP	<b>NAME</b> MACEDA, FIDEL	
<b>STREET ADDRESS</b> 17150 ROYAL PALM BLVD STE 4			<b>STREET ADDRESS</b> 1818 Mariners Ln Weston FL 33327			
<b>CITY-ST-ZIP</b> WESTON, FL 33326			<b>CITY-ST-ZIP</b> WESTON FL 33327			
<b>TITLE</b> DV	<b>NAME</b> MACEDA, FERNANDO		<input type="checkbox"/> Delete	<b>TITLE</b> DV	<b>NAME</b> MACEDA Fernando	
<b>STREET ADDRESS</b> 17150 ROYAL PALM BLVD STE 4			<b>STREET ADDRESS</b> 2013 Harbor View Cr			
<b>CITY-ST-ZIP</b> WESTON, FL 33326			<b>CITY-ST-ZIP</b> WESTON FL 33327			
<b>TITLE</b> DS	<b>NAME</b> BORGES, CONSUELO		<input type="checkbox"/> Delete	<b>TITLE</b> DS	<b>NAME</b> BORGES Consuelo	
<b>STREET ADDRESS</b> 17150 ROYAL PALM BLVD SUITE# 4			<b>STREET ADDRESS</b> 2013 Harbor View Cr			
<b>CITY-ST-ZIP</b> WESTON, FL 33326			<b>CITY-ST-ZIP</b> WESTON FL 33327			
<b>STREET ADDRESS</b> (Empty)			<b>STREET ADDRESS</b> (Empty)			
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<b>CITY-ST-ZIP</b> (Empty)			<b>CITY-ST-ZIP</b> (Empty)			
<b>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 officers and directors.</b>						
SIGNATURE: <u>[Signature]</u> <u>DP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>3/25/08</u>		
DAYTIME PHONE: <u>(954) 9932238</u>				DATE: <u>3/25/08</u>		