


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90460 037 ****61.25

DOCUMENT # N05000003345		
1. Entity Name VICTORIA PRESERVE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065	Mailing Address 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box # 11555 Central Parkway Suite, Apt. #, etc. Suite 1103 City & State Jacksonville, FL Zip 32224 Country USA	3. Mailing Address 11555 Central Parkway Suite, Apt. #, etc. Suite 1103 City & State Jacksonville, FL Zip 32224 Country USA
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02072007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIRST COAST ASSOCIATION MANGAMENT, LLC 11555 CENTRAL PARKWAY SUITE 1103 JACKSONVILLE, FL 32224	7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Margaret Storey, CFO 2/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANZIK, WAYNE 8647 BAYPINE RD STE 204 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Glen Reynolds 11945 San Jose Blvd., Bldg. 300 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EISNER, JASON 8647 BAYPINE RD STE 204 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Keith Donnelly 11945 San Jose Blvd., Bldg. 300 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEIKART, PAUL 8647 BAYPINE RD STE 204 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leslie Brooks 11945 San Jose Blvd., Bldg. 300 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas. Jason Eisner 11945 San Jose Blvd., Bldg. 300 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Margaret Storey 2/8/07 904-998-5365
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40091638

#105000003345

**VICTORIA PRESERVE
COMMUNITY ASSOCIATION, INC.
BOARD OF DIRECTORS**

**Glen Reynolds
President**

Engle Homes
11945 San Jose Blvd., Bldg. 300
Jacksonville, FL 32223
Office: (904) 262-3897
Fax: (904) 425-4107
greynolds@englehomes.com

**Keith Donnelly
Vice President**

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Office: (904) 262-3897
Cell: (904) 226-5229
Fax: (904) 425-4107
kdonnelly@englehomes.com

**Leslie Brooks
Director**

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Jacksonville, FL 32223
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Fax: (904) 425-4107
lebrooks@englehomes.com

**Jason Eisner
Secretary / Treasurer**

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11945 San Jose Blvd., Bldg. 300
Jacksonville, FL 32223
Office: (904) 262-3897
Fax: (904) 425-4107
jasone@transeasternhomes.com

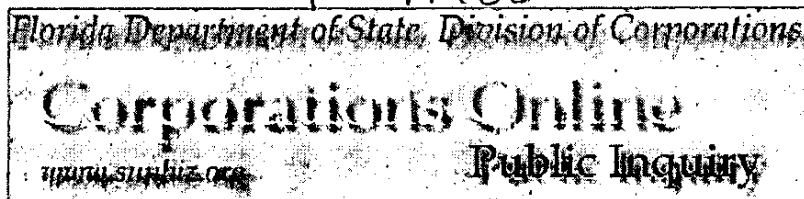
Community Association Management Representatives

First Coast Association Management
11555 Central Parkway, Suite 1103
Jacksonville FL 32224
(904) 998-5365

Alice Hubbard, CAM
Cell: (904) 219-9416
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Jerry Philpot, CAM
Cell: (904) 233-2988
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ATTACHMENT
40091638



Florida Non Profit

VICTORIA PRESERVE HOMEOWNERS ASSOCIATION, INC.

PRINCIPAL ADDRESS
3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

MAILING ADDRESS
3300 UNIVERSITY DR
CORAL SPRINGS FL 33065

Document Number
N05000003345

State
FL

FEI Number
N/AE

Status
ACTIVE

Date Filed
03/31/2005

Effective Date
NONE

Registered Agent

Name & Address
FIRST COAST ASSOCIATION MANGAMENT, LLC 11555 CENTRAL PARKWAY SUITE 1103 JACKSONVILLE FL 32224
Name Changed: 03/24/2006
Address Changed: 03/24/2006

Officer/Director Detail

Name & Address	Title
JANZIK, WAYNE 8647 BAYPINE RD STE 204 JACKSONVILLE FL 32256	PD
EISNER, JASON 8647 BAYPINE RD STE 204 JACKSONVILLE FL 32256	VPD
LEIKART, PAUL 8647 BAYPINE RD STE 204 JACKSONVILLE FL 32256	STD

ATTACHMENT

40091638

~~#~~ N05000003345

Annual Reports

Report Year	Filed Date
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No Events

No Name History Information

Document Images

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03/31/2005 -- Domestic Non-Profit

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