

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003345

FILED
Jan 16, 2009
Secretary of State

Entity Name: VICTORIA PRESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2654014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIRST COAST ASSOCIATION MANGAMENT, LLC
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

FIRST COAST ASSOCIATION MANAGEMENT
11555 CENTRAL PARKWAY
SUITE 801
JACKSONVILLE, FL 32224 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: FIRST COAST ASSOCIATION MANAGEMENT

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, GLEN
Address: 11945 SAN JOSE BLVD BLDG 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: V () Delete
Name: DONNELLY, KEITH
Address: 11945 SAN JOSE BLVD, BLDG 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: HODGE, LESLIE
Address: 11945 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: ST (X) Delete
Name: EISNER, JASON
Address: 11945 SAN JOSE BLVD BLD 300
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHAPIRO, DAVID
Address: 2255 GLADES ROAD, SUITE 200 EAST
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Change () Addition
Name: DONNELLY, KEITH
Address: 11945 SAN JOSE BLVD, BLDG 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: SECR (X) Change () Addition
Name: ENGLESTEIN, HARRY
Address: 2255 GLADES RD, SUITE 200 EAST
City-St-Zip: BOCA RATON, FL 33431

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

I hereby certify that the information supplied with this filing does not qualify 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: FIRST COAST ASSOCIATION MANAGEMENT

RA

01/16/2009

Electronic Signature of Signing Officer or Director

Date