2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004655

Entity Name: VICTORIA PINES CONDOMINIUM, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

5955 T. G. LEE BLVD

SUITE 300

ORLANDO, FL 32822 US **Current Mailing Address:**

New Mailing Address:

ORLANDO, FL 32809

6972 LAKE GLORIA BLVD.

5955 T. G. LEE BLVD SUITE 300 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809

ORLANDO, FL 32822 US

US FEI Number Not Applicable () Certificate of Status Desired ()

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

FURLOW, REBECCA 5955 T. G. LEE BLVD SUITE 300

FEI Number: 20-3818678

ORLANDO, FL 32822 US

LELAND MANAGEMENT, INC. 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

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: LELAND MANAGEMENT, INC

04/15/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

() Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete O'HARA, GERALD Name:

Address: 3530 VICTORIA PINES DRIVE

City-St-Zip: ORLANDO, FL 32829 US

Title: VD () Delete

Name: MILANO, MARIEL Address: 10321 MANDERLEY WAY City-St-Zip: ORLANDO, FL 32829 US

Title: SDTD (X) Delete

LEICHNER, SCOTT Name: 3371 WILSHIRE WAY ROAD Address: City-St-Zip: ORLANDO, FL 32829 US

Address: City-St-Zip:

Title: SDTD (X) Change () Addition

Name: LEICHNER, SCOTT Address: 3371 WILSHIRE WAY ROAD City-St-Zip: ORLANDO, FL 32829 US

Title: () Change () Addition

Name: Address: City-St-Zip:

Name:

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: GERALD O'HARA PD 04/15/2009