

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 028 ****61.25

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1. Entity Name
VICTORIA PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7186 21ST STREET EAST
BRADENTON, FL 34243**

Mailing Address
**7186 21ST STREET EAST
BRADENTON, FL 34243**

Sarasota

Sarasota

DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-5757041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DRAMIS, GEORGE J
601 SOUTH OSPREY AVENUE
SARASOTA, FL 34236**

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IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SPERANZA, NOEL
7186 21ST STREET EAST
BRADENTON, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
WENZEL, MATTHEW
7186 21ST STREET EAST
BRADENTON, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
MCGAVIC, GRETCHEN
7186 21ST STREET EAST
BRADENTON, FL 34243**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gretchen McGAVIC 2/11/08

Date

Daytime Phone #

(941) 756-5345