


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90035 024 ****61.25

DOCUMENT # N06123

1. Entity Name
VICTORIA ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
GPM, INC.
3645 SE 8TH PLACE
CAPE CORAL, FL 33904 US

Mailing Address
P.O. BOX 151845
CAPE CORAL, FL 33915 US

40115477



2. Principal Place of Business - No P.O. Box #
2799 DEL PRADO BLVD

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State
CAPE CORAL, FL

City & State

4. FEI Number
59-2614534

Applied For
 Not Applicable

Zip
33903

Country
USA

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZUNINO, PAULA
C/O GPM, INC.
3645 S.E. 8TH PLACE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
ZUNINO, PAULA

Street Address (P.O. Box Number is Not Acceptable)
C/O GPM, INC.

2799 DEL PRADO BLVD

City
CAPE CORAL

FL

Zip Code
33903

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 *Paula Zunino*

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. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KROUSE, BARBARA	5129 SUNNYBROOK COURT	CAPE CORAL, FL 33904	<input type="checkbox"/>
SD	DAVIS, JOANN	4935 YORK ST., #101	CAPE CORAL, FL	<input type="checkbox"/>
TD	HALE, SHIRLEY	5255 TIFFANY CT	CAPE CORAL, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Barbara Krouse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____