

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06123

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: VICTORIA ARMS CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

2799 DEL PRADO BLVD  
NORTH FORT MYERS, FL 33903 US

## New Principal Place of Business:

4925 YORK ST & 815 VICTORIA ST  
CAPE CORAL, FL 33904 US

## Current Mailing Address:

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

## New Mailing Address:

1319 MIRAMAR ST  
STE 101  
CAPE CORAL, FL 33904 US

FEI Number: 59-2614534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZUNINO, PAULA  
C/O GPM, INC.  
2799 DEL PRADO BLVD  
CAPE CORAL, FL 33903 US

## Name and Address of New Registered Agent:

ZUNINO, PAULA  
C/O GPM, INC.  
1319 MIRAMAR ST STE 101  
CAPE CORAL, FL 33904 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: PAOLA ZUNINO

01/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KROUSE, BARBARA  
Address: 5129 SUNNYBROOK COURT  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: DAVIS, JOANN  
Address: 4935 YORK ST., #101  
City-St-Zip: CAPE CORAL, FL

Title: TD ( ) Delete  
Name: HALE, SHIRLEY  
Address: 5255 TIFFANY CT  
City-St-Zip: CAPE CORAL, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOANN DAVIS

SD

01/26/2009

Electronic Signature of Signing Officer or Director

Date