

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N06315

1. Entity Name
VICTORIA PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**232 SOVEREIGN CT
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address
**232 SOVEREIGN CT
ALTAMONTE SPRINGS, FL 32701 US**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2616670

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCABE, KAY
232 SOVEREIGN CT
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1100000590965
01/19/07-80004-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MCCABE, KAY
STREET ADDRESS	232 SOVEREIGN CT
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	PD
NAME	MICHLER, HEINZ
STREET ADDRESS	223 SOVEREIGN CT
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL
TITLE	VPD
NAME	REBACK, JERRY
STREET ADDRESS	208 SOVEREIGN CT.
CITY-STATE-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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

Date

Daytime Phone #