

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
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**



03272008 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 <input type="checkbox"/>	\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876217
04/11/08-80063-017 61.25

10. OFFICERS AND DIRECTORS

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

Kay McCabe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08

Date

407/970-8998

Daytime Phone #