


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90028 001 \*\*\*\*61.25

<b>DOCUMENT # N07000007102</b>	
1. Entity Name <b>SHOPPES AT VICTORIA SQUARE CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>8618 OLD BRIDGE LANE ORLANDO, FL 32819</b>	Mailing Address <b>8618 OLD BRIDGE LANE ORLANDO, FL 32819</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000

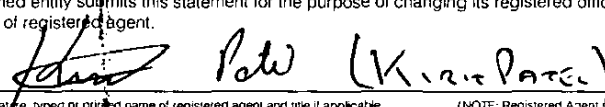


01302008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>N/A</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PATEL, KIRIT</b> <b>8616 OLD BRIDGE LANE</b> <b>ORLANDO, FL 32819</b>		Name <b>COHEN, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>5728 MASCO BLVD</b> <b>SUITE 550</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>	

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  (Kirit Patel) DATE **1-30-2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, KIRIT			NAME			
STREET ADDRESS	8616 OLD BRIDGE LANE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, PRADEEP			NAME			
STREET ADDRESS	3545 HIDDEN BEACH CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32819			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  (Kirit Patel) DATE **1-30-2008** DAYTIME PHONE # **407-351-3576**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR