


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90059 019 \*\*\*\*61.25

<b>DOCUMENT # N07381</b>	
1. Entity Name <b>VICTORIA PARK PLACE HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>1401 NE 9TH ST. FORT LAUDERDALE FL 33304 US</b>	Mailing Address <b>C/O CCM, INC 10034 W. MCNAB RD TAMARAC FL 33321 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>2626 E. COMMERCIAL BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>4</b>

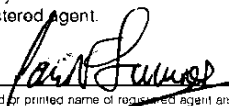
1st MOORE CR2E037 (10/06)

City & State <b>FT. LAUDERDALE</b>	City & State <b>FT. LAUDERDALE</b>
Zip <b>33308</b>	Country <b>USA</b>

4. FEI Number <b>65-0096630</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CONSOLIDATED COMMUNITY MGRMT., INC 10034 WEST MCNAB RD TAMARAC FL 33321</b>
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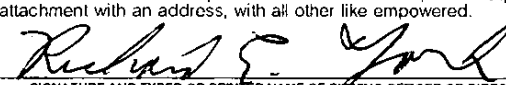
7. Name and Address of New Registered Agent Name <b>MANAGEMENT ASSIST, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2626 E. COMMERCIAL BLVD, #4</b> City <b>FORT LAUDERDALE</b> FL Zip Code <b>33308</b>
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8. The above named entity submits 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  DATE <b>4-10-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YORK, RICHARD 1401 NE 9 ST, # 48-51 FT. LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARBITO, DEBORAH 1401 NE 9 ST, # 28 33 FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GERHARD, KARL 1401 NE 9 ST, # 14 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, VIRGINIA 1401 NE 9 ST, # 38 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, GORDON 140 NE 9 STREET FORT LAUDERDALE FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISEL, STUART 1401 NE 9 ST #58 FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	DATE <b>4/10/07</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	