FILE NOW: FILING FEE IS $61.25

AMENDED

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09451

1. Corporation Name

VICTORIA WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CMD Management, Inc. 3082 Jog Road Lake Worth, FL 33467	CMD Management, Inc. 3082 Jog Road Lake Worth, FL 33467

3. Date Incorporated or Qualified: 05/23/1985

3a. Date of Last Report: 3/12/96

2. Principal Place of Business	2a. Mailing Address
21 CMD Management, Inc.	26 CMD Management, Inc.
Suite, Apt. #, etc. 22 3082 Jog Road	Suite, Apt. #, etc. 27 3082 Jog Road
City & State 23 Lake Worth, FL	City & State 28 Lake Worth, FL
Zip 24 33467 Country 25	Zip 29 33467 Country 30 USA

4. FEI Number: 59-2617479 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Kathleen Salata
c/o Touchstone Webb Management Company, Inc.
5710 South Dixie Highway
West Palm Beach, FL 33405

10. Name and Address of New Registered Agent

81 Name: V. Donald Hilley
82 Street Address (P.O. Box Number is Not Acceptable): 11380 Prosperity Farms Road
83 Suite 204, Prosperity Gardens
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: V. Donald Hilley, Esquire — 4-10-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT Robert D. Evans 1007 Kitching Cove Lane Port St. Lucie, FL 34952	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Robert L. Canterbury, P.E. (#104) 210 Jupiter Lakes Blvd, Bldg 5000 Jupiter, FL 33468-0727	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Cynthia J. Aldrich 1007 Kitching Cove Lane Port St. Lucie, FL 34952	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D Evans Robert D. Evans — 4-22-96 — 407-337-4631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #