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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
c/o Paul Kroft 1421 Corn Flower La. West Palm Beach, FL 33415	c/o Paul Kroft 1421 Corn Flower Lane West Palm Beach, FL 33415

2. Principal Place of Business	2a. Mailing Address
21 c/o Paul Kroft	26 c/o Paul Kroft
Suite, Apt. # etc 22 1421 Corn Flower La	Suite, Apt. # etc 27 1421 Corn Flower Lane
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33415 / 25	Zip / Country 29 33415 / 30

3. Date Incorporated or Qualified 5/23/85	3a. Date of Last Report 5/1/96
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

V. Donald Hilley
11380 Prosperity Farms Rd., Suite 204
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

81 Name: Paul Kroft

82 Street Address (P.O. Box Number is Not Acceptable): 1421 Corn Flower Lane

83

84 City: West Palm Beach **FL** 85 Zip Code: 33415

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: Paul Kroft — 8/16/96

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

12. OFFICERS AND DIRECTORS ☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE: P/D NAME: Paul Kroft STREET ADDRESS: 1421 Corn Flower Lane CITY-ST-ZIP: West Palm Beach, FL 33415	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE: VP/D NAME: Celia R. Clarke STREET ADDRESS: 1421 Dandelion Lane CITY-ST-ZIP: West Palm Beach, FL 33415	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE: T/D NAME: Thomas N. Crawford, Sr. STREET ADDRESS: 8080 Dillman Rd. CITY-ST-ZIP: West Palm Beach, FL 33411	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE: S NAME: Michael Held STREET ADDRESS: 5809 Cassandra Ct. CITY-ST-ZIP: West Palm BEach, FL 33415	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE: D NAME: James Mergaman STREET ADDRESS: 5626 Dewberry Way CITY-ST-ZIP: West Palm Beach, FL 33415	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE: D NAME: Thomas Safarik STREET ADDRESS: 1181 Rosebud Lane CITY-ST-ZIP: West Palm Beach, FL 33415	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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8/16/96

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: Paul Kroft — Paul Kroft — 8/16/96 — 561-687-2897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)