2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State
03-13-2000 90014 016 ****61.25

DOCUMENT # N09451

1. Entity 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 33467-2053

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Phoenix Mgt.	c/o Phoenix Mgt.
Suite, Apt. #, etc.: 3082 Jog Road	Suite, Apt. #, etc.: 3082 Jog Road
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33467 Country: USA	Zip: 33467 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILLEY, V. DONALD 11380 PROSPERITY FARMS ROAD SUITE 204 PALM BEACH GARDENS FL 33410	Name: V. Donald Hilley Street Address (P.O. Box Number is Not Acceptable): 11382 Prosperity Farms Road Suite 124 City: Palm Beach Gardens FL Zip Code: 33410

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.

SIGNATURE: V. Donald Hilley — 2/14/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VOGEL, THOMAS 305 S. ANDREW AVE. SUITE 509 FT. LAUDERDALE FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Vogel, Sy 1001 N. Federal Hwy., Ste. 315 Hallandale, FL 33009	Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SHEPHERD, THOMAS 1972 OAK BERRY CIRCLE WELLINGTON FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kim Crossley 1001 N. Federal Hwy., Ste. 315 Hallandale, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VOGEL, THOMAS A 305 S. ANDREWS AVE. SUITE 509 FT. LAUDERDALE FL 33301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Vogel, David 1001 N. Federal Hwy., Ste. 315 Hallandale, FL 33009	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ Kim Crossley — Kim Crossley, VP/President — 2/28/00 — (561) 964-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #