2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# N09451

Entity Name: VICTORIA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% BANYAN PROPERTY MANAGEMENT SERV. , INC
2328 S. CONGRESS AVE., SUITE 1C
W. PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

% BANYAN PROPERTY MANAGEMENT SERV. , INC
2328 S. CONGRESS AVE., SUITE 1C
W. PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-2617479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEY, V. DONALD
860 US HWY ONE, SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARANDA, MICHAEL F
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST ( ) Delete
Name: ARANDA, MICHAEL D
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDEN, FL 33410

Title: VD ( ) Delete
Name: SIDES, MICHELLE
Address: 4227 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: CALIA, LEONARD
Address: 5480 BERRY BLOSSOM WAY EAST
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D ( ) Change (X) Addition
Name: SMITH, MIKE
Address: 5688 DEWBERRY WAY
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F ARANDA PD 03/11/2004

Electronic Signature of Signing Officer or Director — Date