2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2008 8:00 am Secretary of State 03-20-2008 90033 007 ****61.25

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SIGNATURE: S

1. Entity Name
VICTORIA WOODS HOMEOWNERS' ASSOCIATION, INC.



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Principal Place of Business % BANYAN PROPERTY MANAGEMENT SERV. , INC 2328 S. CONGRESS AVE., SUITE 1C W. PALM BEACH, FL 33406			Mailing Address % BANYAN PROPERTY MANAGEMENT SERV., INC 2328 S. CONGRESS AVE., SUITE 1C W. PALM BEACH, FL 33406)0520 	
Principal Place of Business - No P.O. Box # Mailing Ac			g Address	Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02132008 C	hg-NP	CR2E0	 37 (12/06)		
City & State			City & State			4. FEI Number 59-261747	79			oplied For	
Zip	p Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registe			ed Agent			7. Name and Address of New Registered Agent					
				Name	Name						
HILLEY & WYANTCORTEZ, P A 860 US HWY ONE SUITE 108			Street A	Street Address (P.O. Box Number is Not Acceptable)							
NORTH PA	ALM BEACH, FL 33408			i							
			City				Fl	Zip Cod	le		
8. The above	named entity submits this statement for	the purpor	se of changing its	registered office o	r register	ed agent, or both, in	the State of Flo	orida. I am	ramiliar with	and accept	
the obligat	ions of registered agent.								j		
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SIGNATURE .				<u>. </u>			_		<u> i </u>		
	Signature, typed or printed name of registered agent ar	nd title if applic	able (NOTE	: Registered Agent signal	ture required	when reinstating)		DATE	1	1	
										2.4	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribut						\$5.00 May Be Added to Fees			k payable t riment of S		
10.	OFFICERS AND DIRE	ECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND D		V 10	
TITLE	VD		☐ Delete	TITLE					Change	Addition	
NAME	HUGHES, TRAVIS			NAME	ĺ						
STREET ADDRESS 2496 BERRY BLOSSOM WAY				STREET ADDRESS						}	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33-	410		CITY-ST-ZIP							
TITLE	VD		☐ Delete	THTLE	1				Change	☐ Addition	
NAME	FRANCOIS, CLAUDE			NAME						_	
STREET ADDRESS	5211 WHITE OLEANDER			STREET ADDRESS					1		
CITY-\$1-ZIP	WEST PALM BEACH, FL 33415			CITY-\$1-ZIP	Ì				i		
TITLE	PD		☐ Delete	TITLE					Change	Addition	
NAME	HOUCHINS, SCOTT A			NAME	-	_					
STREET ADDRESS	5976 SNOWDROP WAY			STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH, FL 33415			CITY-ST-ZIP							
TITLE	SD		√Z Delete	TITLE			_		Change	☐ Addition	
NAME	SUGDEN, RALPH		^	NAME						-	
STREET ADDRESS	1284 STRAWBERRY LANE			STREET ADDRESS					ļ	ļ	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415			CITY-S1-ZIP					İ		
TITLE			☐ Delete	TITLE	Ø.	GARMAN	a Chia	1	Change	Addition	
NAME				NAME		ammene	s Outil	19		East	
STREET ADDRESS				STREET ADDRESS		5,465 BE	erry_Blu	osson	Y) WHI	CADL	
CITY-ST-ZIP				CITY-\$1-ZIP	1	GUNNENE 5465 BE West Pal	lm Bead	ch Fi	_ 3 341	5	
TITLE			☐ Delete	TITLE	ο.	14111		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME				NAME		wry 5¢	enceR		_ -	₹	
STREET ADDRESS				STREET ADDRESS)		
CITY+ST-ZIP				CITY-ST-ZIP					İ	J	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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										or director	
of the col	borgriou of the teceiver of trastee embor	wered to e	XECUTE INIT LEDOUT	as required by Ch	apter 617	r, morida Statutes; ai	na that my ham	e appears	in Block 10 c	IT Block 11 if	