Amended
UBR

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUL 21 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09451

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

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| % BANYAN PROPERTY MANAGEMENT SERV., INC<br>2328 S. CONGRESS AVE., SUITE 1C<br>W. PALM BEACH, FL 33406 | % BANYAN PROPERTY MANAGEMENT SERV., INC<br>2328 S. CONGRESS AVE., SUITE 1C<br>W. PALM BEACH, FL 33406 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| | Country | Zip | Country |

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<br>860 US HWY ONE, SUITE 108<br>NORTH PALM BEACH, FL 33408 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW. FEE IS $61.25**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>VOGEL, SY<br>1001 N. FEDERAL HWY STE 315<br>HALLANDALE, FL 33009 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Aranda, Michael F.<br>4227 Northlake Blvd<br>Palm Beach Gardens, FL 33410 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CROSSLEY, KIM<br>1001 N. FEDERAL HWY STE 315<br>HALLANDALE, FL 33009 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>Aranda, Michael D.<br>4227 Northlake Blvd<br>Palm Beach Gardens, FL 33410 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>VOGEL, DAVID<br>1001 N. FEDERAL HWY STE 315<br>HALLANDALE, FL 33009 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Sides, Michelle<br>4227 Northlake Blvd<br>Palm Beach Gardens, FL 33410 | ☐ 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 | 300021702613<br>07/21/03--01044--001 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** Rubelle [illegible] 7-14-03 561-626-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #