


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N09546</b>	
1. Entity Name VICTORIAN VILLAS OWNERS ASSOCIATION, INC.	

Principal Place of Business 3807 1/2 HORATIO ST. TAMPA, FL 33609	Mailing Address 3807 1/2 HORATIO ST. TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2533045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  LAWRENCE MAAS 3807 1/2 HORATIO ST. TAMPA, FL 33609
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DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAAS, LAWRENCE 3807 1/2 HORATIO ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALDECK, CURTIS 3805 W HORATIO STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SUSAN 3805 1/2 W HORATION STREET TAMPA, FL 33609
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05/04/05-80119-001 61.25

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:** Lawrence Maas **4-28-05** **813-872-1821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #