

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90281 027 ****61.25

DOCUMENT # N09546

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



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2533045

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAWRENCE MAAS
3807 1/2 HORATIO ST.
TAMPA, FL 33609

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lawrence Maas* **LAWRENCE MAAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 813-872-1821

Date

Daytime Phone #