


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N16258</b>	
1. Entity Name VICTORIA PARK RESIDENTS, INC.	

Principal Place of Business % PERMAN SHEPARD 104 BIG BEN DR. DAYTONA BCH., FL 32117 US	Mailing Address % PERMAN SHEPARD 104 BIG BEN DR. DAYTONA BCH., FL 32117 US
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04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2657659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHERPARD, PERMAN  
104 BIG BEN DR.  
DAYTONA BCH., FL 32117

**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 registering) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPARD, PERMAN 104 BIG BEN DR. DAYTONA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COUNTS, EMERY 108 BIG BEN DR DAYTONA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LINDA 112 BIG BEN DR. DAYTONA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHNER, DORIS 120 BIG BEN DR. DAYTONA BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000738893  
05/14/07-80003-003 61.25

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: Doris Mitchner TD 4-25-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #