


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N16258 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
---	---



04242008 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 ☐ \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000925353
05/20/08-80024-011 61.25

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**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08
Date Daytime Phone #