

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32562 (3)

1. Corporation Name
VICTORIA ISLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 951 BROKEN SOUND PKWY, 250 BOCA RATON FL 33487 US
Mailing Address: 951 BROKEN SAND PKWY, 250 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: 05/30/1989
3a. Date of Last Report: 08/03/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number: 65-0146214	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PERLOW, JEFFREY M., ESQ.
1820 EAST HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

81 Name: Community Association Services
82 Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Pkwy
83 Suite 250
84 City: Boca Raton FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

SIGNATURE: Joel Messinger (President) 4/3/96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WOLOFSKY, HOWARD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11781 SW 9TH COURT	1.2 NAME	Robert Sundberg
STREET ADDRESS	PEMBROKE PINES FL	1.3 STREET ADDRESS	5875 NW 42nd Way
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	STD WOLOFSKY, SYDNEY <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11781 SW 9TH COURT	2.2 NAME	Robert Mittleman
STREET ADDRESS	PEMBROKE PINES FL	2.3 STREET ADDRESS	5850 NW 42 Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	DST PERLOW, JEFFREY M. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1820 E. HALLANDALE BCH	3.2 NAME	Sheila Wolfe
STREET ADDRESS	HALLANDALE FL	3.3 STREET ADDRESS	4230 NW 58th Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Pom Duorak <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	5855 NW 42nd Terrace
STREET ADDRESS		4.3 STREET ADDRESS	Boca Raton FL 33496
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Barry Baitch
STREET ADDRESS		5.3 STREET ADDRESS	5815 NW 42nd Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Sundberg (Robert Sundberg) 4/20/96 407-994-1788
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)