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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32562 (3)
1. Corporation Name
VICTORIA ISLES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 851 BROKEN SOUND PKWY 250 BOCA RATON FL 33487 US	Mailing Address 951 BROKEN SAND PKWY 250 BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 05/30/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0146214	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY
SUITE 250
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE PD	SUNDBERG, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5875 NW 42ND WAY	BOCA RATON FL	
CITY-ST-ZIP		
TITLE DVP	MITTLEMAN, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5850 BW 42 WAY	BOCA RATON FL	
CITY-ST-ZIP		
TITLE SD	WOLFE, SHEILA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4230 NW 58TH LANE	BOCA RATON FL	
CITY-ST-ZIP		
TITLE D	BAITCH, BARRY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5815 NW 42ND WAY	BOCA RATON FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE P/D	Haupt, Bruce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4100 NW 58th Lane	
1.3 STREET ADDRESS	BOCA RATON, FL 33496	
1.4 CITY-ST-ZIP		
2.1 TITLE T/D	GASPARRI, ANGELO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5855 NW 42nd Way	
2.3 STREET ADDRESS	BOCA RATON, FL 33496	
2.4 CITY-ST-ZIP		
3.1 TITLE N/D	NELSON, HARRIET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	4230 NW 58th Lane	
3.3 STREET ADDRESS	BOCA RATON, FL 33496	
3.4 CITY-ST-ZIP		
4.1 TITLE V/D	WEIN, SHELLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	4105 NW 58th Lane	
4.3 STREET ADDRESS	BOCA RATON, FL 33496	
4.4 CITY-ST-ZIP		
5.1 TITLE S/D	WOLK, JUNE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	4280 NW 58th Lane	
5.3 STREET ADDRESS	BOCA RATON, FL 33496	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: _____ **4/13/98 561-995-9536**

CR2E037 (10/97)