


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90029 040 ****70.00

DOCUMENT # N32562					
1. Entity Name VICTORIA ISLES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432 US			Mailing Address 301 W CAMINO GARDENS BLVD 200 BOCA RATON, FL 33432 US		
2. Principal Place of Business - No P.O. Box # Lang Management Suite, Apt. #, etc.		3. Mailing Address 21045 Commercial Tr Suite, Apt. #, etc.			
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0146214	
Zip 33486		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			7. Name and Address of New Registered Agent		
SIGNATURE			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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
T MARVIN, ROSS 5875 NW 42ND WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete				
D SMITH, JUDITH 4125 NE 58 LN BOCA RATON, FL 33496	<input type="checkbox"/> Delete				
VP REINHARD, PETER 5705 NW 42 CT BOCA RATON, FL 33496	<input type="checkbox"/> Delete				
S RUBIN, MEREDITH 5815 NW 42ND TERRACE BOCA RATON, FL 33496	<input type="checkbox"/> Delete				
P BERKOWITZ, IAN 5820 NW 42ND WAY BOCA RATON, FL 33496	<input type="checkbox"/> Delete				
	<input type="checkbox"/> Delete				
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: <i>William K Isaacson, President</i>				Date: 4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	