

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32562

FILED
Apr 21, 2009
Secretary of State

Entity Name: VICTORIA ISLES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LANG MGMT
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

LANG MGMT
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0146214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MARVIN, ROSS
Address: 5875 NW 42ND WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: D () Delete
Name: SMITH, JUDITH
Address: 4125 NE 58 LN
City-St-Zip: BOCA RATON, FL 33496 US

Title: P () Delete
Name: REINHARD, PETER
Address: 5705 NW 42 CT
City-St-Zip: BOCA RATON, FL 33496 US

Title: T () Delete
Name: RUBIN, MEREDITH
Address: 5815 NW 42ND TERRACE
City-St-Zip: BOCA RATON, FL 33496 US

Title: D () Delete
Name: BERKOWITZ, IAN
Address: 5820 NW 42ND WAY
City-St-Zip: BOCA RATON, FL 33496

Title: S () Delete
Name: WARREN, SIMON
Address: 5830 NW 42ND TER
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MITTLEMAN, ROBERT
Address: 5895 NW 42ND TER
City-St-Zip: BOCA RATON, FL 33496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINHARD, PETER

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date