

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33365

FILED
Mar 02, 2009
Secretary of State

Entity Name: VICTORIA LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2335 -9TH ST
STE. 505
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2335 -9TH ST
STE. 505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0164204 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MANAGEMENT
2335 9TH STREET NORTH
STE. 505
NAPLES, FL 34103 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: SD () Delete
Name: CONNOLLY, CHRISTINE
Address: 9610 VICTORIA LANE #D203
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: PARKES, ROBERT
Address: 9610 VICTORIA LANE #D303
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: LARSEN, JANE
Address: 9600 VICTORIA LANE #308
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: DOANE, ADRIENNE
Address: 9600 VICTORIA LANE #301
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: ARMSTRONG, TOM
Address: 9610 VICTORIA LANE #105
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: FECHTER, ROSS A
Address: 9590 VICTORIA LANE #B202
City-St-Zip: NAPLES, FL 34109

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

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: JANE LARSON

VPD

03/02/2009

Electronic Signature of Signing Officer or Director

Date