

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90019 026 ****61.25

DOCUMENT # N36016 1. Entity Name VICKSBURG VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5901 U.S. 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US			Mailing Address 5901 U.S. 19 SUITE 7Q NEW PORT RICHEY, FL 34652 US		
2. Principal Place of Business - No P.O. Box # 1/6 Goldstar Mgmt Co		3. Mailing Address 1/6 Goldstar Mgmt Co.		 01162008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 2435 US 19 # 270		Suite, Apt. #, etc. 2435 US 19 # 270			
City & State HOLIDAY FL		City & State HOLIDAY FL			
Zip 34691		Zip 34691			
Country USA		Country USA		4. FEI Number 59-2986479	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 5901 U.S. 19 SUITE 7Q NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name JEFFULM I Street Address (P.O. Box Number is Not Acceptable) 1/6 Goldstar Mgmt Co. 2435 US 19 # 270 City HOLIDAY FL Zip Code 34691		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Jeffrey Olm, Esq. DATE 2/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENIS, LUCILLE 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	50 4739 Vicksburg Ct. New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GRIFFITH, THOMAS 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP 4755 Vicksburg Ct. New Port Richey, FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MIDDLETON, KEITH 5901 U.S. 19, SUITE 7Q NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4740 Vicksburg Ct. New Port Richey FL 34655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: KEITH B. MIDDLETON 1/28/08 727-375-5793 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					