

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90129 035 \*\*\*\*61.25

**DOCUMENT # N39875**

1. Entity Name  
**VICTORIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7113 BEECH RIDGE TRAIL SUITE 1  
TALLAHASSEE, FL 32312 US**

Mailing Address  
**7113 BEECH RIDGE TRAIL SUITE 1  
TALLAHASSEE, FL 32312 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-3319164**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**EDDY, MARIE  
1580 2 BANNERMAN RD  
TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent

Name **EDDY, MARIE**  
Street Address (P.O. Box Number is Not Acceptable)

**7113 Beech Ridge Trail Suite 1  
City TALLAHASSEE FL Zip Code 32312**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 ✓  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DD** ☐ Delete  
NAME **CHAPMAN, TONY L**  
STREET ADDRESS **8611 BANNERMAN BLUFF COURT**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** ☒ Delete  
NAME **ARONSON, BUSAN**  
STREET ADDRESS **8520 BANNERMAN BLUFF DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** ☐ Delete  
NAME **MILTON, KEN**  
STREET ADDRESS **8552 BANNERMAN BLUFF DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D** ☐ Delete  
NAME **BROCKS-MILDROW, MONICA**  
STREET ADDRESS **8585 BANNERMAN BLUFF DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **DEVOS, TONY**  
STREET ADDRESS **8512 BANNERMAN BLUFF DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/23/06 894-1919**