

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 027 ****70.00

DOCUMENT # N42582 1. Entity Name VICTORIA PARK TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1920 MARY STREET KISSIMMEE, FL 34741 US			Mailing Address <i>1920 Mary St</i> 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0530173	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OROPEZA, VICTOR 1920 MARY STREET KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name <i>Angel L. Rosa</i> Street Address (P.O. Box Number is Not Acceptable) <i>39 Wagon Circle</i> <i>Kissimmee FL 34743</i> City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	SD MARTINEZ, GRACIELA 809 VICTORIA BLVD KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President MARTINEZ Graciela 809 Victoria BLVD Kissimmee FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OROPEZA, VICTOR 817 VICTORIA BLVD KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Oropeza Victor 817 Victoria BLVD Kissimmee-FL-34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENA, SERVANDO 2006 JONATHAN KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete <i>Change?</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juan Sanchez - Director 1909 Mary St Kissimmee FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOMEZ, ANABELLE 2716 EAGLE RIDGE LOOP KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasury Gomez, Anabelle 2716 Eagle Ridge Loop Kissimmee-FL-34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGEL, ROSA 39 WAGON CIRCLE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Angel Rosa 39 Wagon Circle Kissimmee-FL-34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OROPEZA, VICTOR 817 VICTORIA BLVD KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	<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: <i>Angel L. Rosa</i> 02/08/08 407-729-6330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					