## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N47375

FILED Apr 13, 2006 Secretary of State

Entity Name: VICTORIA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4854 VICTORIA PLACE ONE SAN JOSE PLACE

JACKSONVILLE, FL 32257 US

JACKSONVILLE, FL 32257 US

Current Mailing Address: New Mailing Address:

79 MASTERS DRIVE PO BOX 57911

SAINT AUGUSTINE, FL 32084 US JACKSONVILLE, FL 32241 US

FEI Number: 59-3125897 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERREN, JANICE CARR, LAUREN

79 MASTÈRS DRIVE ONE SAN JOSE PLACE

SAINT AUGUSTINE, FL 32084 US 34
JACKSONVILLE, FL 32257 US

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: LAUREN CARR 04/13/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD ( ) Delete Title: PD (X) Change( ) Addition

Name: WILLIAMS, JOYCE Name: HART, TORY
Address: 4804 VICTORIA CHASE CT. Address: 4884 VICTORIA CHASE

Address: 4804 VICTORIA CHASE CT. Address: 4884 VICTORIA CHASE City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete Title: VPD (X) Change ( ) Addition Name: JORDAHL, PAULINE Name: DRAGER, JARED

Address: 4801 VICTORIA CHASE CT Address: 4813 VICTORIA CHASE City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32256

Title: V ( ) Delete Title: TD (X) Change ( ) Addition Name: KOURY, NORM Name: KOURY, NORM

Address: 4861 VICTORIA CHASE CT. Address: 4861 VICTORIA CHASE CT.

Address: 4861 VICTORIA CHASE CT. Address: 4861 VICTORIA CHASE CT.

City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 HART, TORY S
 Name:
 WALLACE, DAWN S

 Address:
 4884 VICTORIA CHASE CT.
 Address:
 4818 VICTORIA CHASE

 City-St-Zip:
 JACKSONVILLE, FL 32257
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MAXAM, DAVID

 Address:
 Address:
 4819 VICTORIA CHASE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: LAUREN CARR MGR 04/13/2006