2007 NOT-FOR-PROFIT CORPORATION

FILED Apr 30, 2007 8:00 am

 ANNUAL REPORT	
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DOCUMENT # N47375 1. Entity Name VICTORIA PLACE HOMEOWNERS ASSOCIATION, INC.							90460 039 ****6	
Principal Place of Business Mailing Address ONE SAN JOSE PLACE PO BOX 57911 34 HACKONMULE Ft 32241			11 110		40	09163	D	
JACKSONVILLE, FL 32241 US JACKSONVILLE, FL 32257 US					I ideniel en didii	 	 	! 1 2 1
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt.		Suite, Apt. #, etc.			03192007 CI	hg-NP	CR2E037 (12/06)	
City & State Ci		City & State	ity & State		4. FEI Number 59-312589	17		pplied For ot Applicable
Zìp	Country	Zip	Country		5. Certificate of St	atus Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current Reg	istered Agent			7. Name and Add	ress of New f	Registered Agent	
CARR, LAUREN ONE SAN JOSE PLACE Street Ad				Idraec /P	O. Box Number is I	Not Acceptable	(a)	
34			- Girect Ac	1) 669 (1	.O. BOX NUMBER IS I	Not Acceptable		-
JACKSONVILLE, FL 32257							FL Zip Coo	je j
8. The above the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its re	egistered office or	registere	ed agent, or both, in	the State of Fl		, and accept
SIGNATURE .	Saurin Carr					4- 8	13-3m7	
	Signature, typed or printed name of registered agent and to	lie if applicable. (NOTE:	Registered Agent signatur	re required s	when reinstating)	, ,	DATE	
		9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		DATE flake check payable trida Department of S	
10.	Signature, typed or printed name of registered agent and to Filling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Fło	flake check payable t	itate
- -	Signature, typed or printed name of registered agent and to Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing Intribution.	A	\$5.00 May Be Added to Fees DDITIONS/CHANG	Fło	flake check payable frida Department of S	itate
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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: Sausen COTT