

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47375

FILED
Apr 04, 2008
Secretary of State

Entity Name: VICTORIA PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ONE SAN JOSE PLACE
34
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257 US

Current Mailing Address:

PO BOX 57911
JACKSONVILLE, FL 32241 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
34
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

CARR, LAUREN
ONE SAN JOSE PLACE
27
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: _____

04/04/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HART, TORY
Address: 4884 VICTORIA CHASE
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD () Delete
Name: DRAGER, JARED
Address: 4813 VICTORIA CHASE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: PATEL, DIPTI
Address: 4831 VICTORIA CHASE COURT
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD () Delete
Name: WALLACE, DAWN S
Address: 4818 VICTORIA CHASE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: MAXAM, DAVID
Address: 4819 VICTORIA CHASE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/04/2008

Electronic Signature of Signing Officer or Director

Date