

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47375

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** VICTORIA PLACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
27  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**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  
27  
JACKSONVILLE, FL 32257 US

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

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:

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KOURY, NORMAN  
Address: 4861 VICTORIA CHASE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD (X) Change ( ) Addition  
Name: RUBY, SHARON  
Address: 4825 VICTORIA CHASE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD (X) Change ( ) Addition  
Name: MITCHELL, LIESA  
Address: 4860 VICTORIA CHASE COURT  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD (X) Change ( ) Addition  
Name: CLELAND, ALAN  
Address: 4872 VICTORIA CHASE  
City-St-Zip: JACKSONVILLE, FL 32257

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

02/02/2009

Electronic Signature of Signing Officer or Director

Date