


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

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|--|---|
| <b>DOCUMENT # N94000002729</b><br>1. Entity Name<br>VICTORIA PARK UNIT 2 RESIDENTS, INC. |  |
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| Principal Place of Business<br>104 BIG BEN DR<br>DAYTONA BEACH, FL 32117 | Mailing Address<br>104 BIG BEN DR<br>DAYTONA BEACH, FL 32117 |
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04262007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br>59-3313863  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent  
  
SHEPARD, PERMAN  
104 BIG BEN DR  
DAYTONA BEACH, FL 32117

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDT<br>SHEPARD, PERMAN<br>104 BIG BEN DR<br>DAYTONA BEACH, FL 32117 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>COUNTS, EMERY<br>108 BIG BEN DR<br>DAYTONA BEACH, FL 32117   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BROWN, LINDA<br>112 BIG BEN DR<br>DAYTONA BEACH, FL 32117    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MITCHER, DORIS<br>120 BIG BEN DR<br>DAYTONA BEACH, FL 32117   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/14/07-800003-004/61.25

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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:** Doris Mitchner TD 4-25-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #