2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002729

Entity Name: VICTORIA PARK UNIT 2 RESIDENTS, INC.

FILED May 19, 2008 Secretary of State

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

104 BIG BEN DR 1608 PICCADILLY DR

DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117

Current Mailing Address: New Mailing Address:

104 BIG BEN DR 1608 PICCADILLY DR

DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117

FEI Number: 59-3313863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SHEPARD, PERMAN WARD, ELLIOT 104 BIG BEN DR 1608 PICCADILLY DR

DAYTONA BEACH, FL 32117 US DAYTONA BEACH, FL 32117 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: ELLIOT WARD 05/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PDT () Delete Title: PDT (X) Change () Addition

Name:SHEPARD, PERMANName:WARD, ELLIOTAddress:104 BIG BEN DRAddress:1608 PICCADILLY DRCity-St-Zip:DAYTONA BEACH, FL 32117City-St-Zip:DAYTONA BEACH, FL 32117

Title: VTD () Delete Title: VTD (X) Change () Addition Name: COUNTS, EMERY Name: WELCH, CHARLIE

Address: 108 BIG BEN DR Address: 1608 PICCADILLY DR
City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: DAYTONA BEACH, FL 32117

 Name:
 BROWN, LINDA
 Name:
 LOPER, GAIL

 Address:
 112 BIG BEN DR
 Address:
 1615 PICCADILLY DR

 City-St-Zip:
 DAYTONA BEACH, FL 32117
 City-St-Zip:
 DAYTONA BEACH, FL 32117

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

Name:MITCHER, DORISName:GIBBS, ANNEAddress:120 BIG BEN DR1620 PICCADILLY DRCity-St-Zip:DAYTONA BEACH, FL 32117City-St-Zip:DAYTONA BEACH, FL 32117

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: ELLIOT WARD PDT 05/19/2008