2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am **Secretary of State** DOCUMENT # N9400002729 05-01-2003 90218 009 ****61.25 VICTORIA PARK UNIT 2 RESIDENTS, INC. Principal Place of Business Mailing Address 104 BIG BEN DR 104 BIG BEN DR DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3313863 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPARD, PERMAN = 🚐 Street Address (P.O. Box Number is Not Acceptable) 104 BIG BEN DR DAYTONA BEACH FL 32117 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE POT Delete . TITLE ☐ Addition NAME SHEPARD, PERMAN NAME STREET ADDRESS STREET ADDRESS 104 BIG BEN DR CITY-ST-ZIP DAYTONA BEACH FL 32117 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME COUNTS, EMERY NAME STREET ADDRESS 108 BIG BEN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 TITLE TITLE ☐ Change Addition ☐ Delete NAME BROWN, LINDA NAME - - -STREET ADDRESS STREET ADDRESS 112 BIG BEN DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 TITLE ☐ Delete TITLE ☐ Change Addition MITCHER, DORIS NAME STREET ADDRESS STREET ADDRESS 120 BIG BEN DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32117 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

☐ Delete

FILED

□ Change

☐ Addition