


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90194 008 \*\*\*\*61.25

<b>DOCUMENT # N94000003839</b> 1. Entity Name <b>THE ENCLAVE AT VICTORIA PARK HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>2132 E.OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306 US</b>			Mailing Address <b>C/O VMC REALTY 2132 E.OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0514397</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VORDERMEIER MANAGEMENT CO. 2132 E.OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, JANET		NAME	Janet Richard	
STREET ADDRESS	200 NE 14 AVE.3		STREET ADDRESS	200 NE 14th Ave #3	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP	FortLauderdale, FL 33301	
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, PAUL		NAME	Paul Madden	
STREET ADDRESS	200 NE 14 AVE #5		STREET ADDRESS	200 NE 14th Ave #5	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDWELL, ANDY		NAME	Andy Caldwell	
STREET ADDRESS	200 NE 14TH AVE #12		STREET ADDRESS	200 NE 14th Ave #12	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		CITY-ST-ZIP	FORT Lauderdale, FL 33301	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERLAIN, TOM		NAME		
STREET ADDRESS	200 NE 14TH AVE #15		STREET ADDRESS		
CITY-ST-ZIP	FT.LAUDERDALE, FL 33301		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOLAN, JIM		NAME	Jill Spolan	
STREET ADDRESS	200 NE 14TH AVE #11		STREET ADDRESS	200 NE 14th Ave #11	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Fort Lauderdale, FL 33301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Janet Richard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	