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May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003294 (4)**

1. Corporation Name

**VICTORIA SHORES MASTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**108 HUNTINGTON DRIVE  
NAPLES FL 33942**

**108 HUNTINGTON DRIVE  
NAPLES FL 34109-1636**

3. Date Incorporated or Qualified  
**07/06/1995**

3a. Date of Last Report  
**06/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**65-0604058**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, RAY F  
108 HUNTINGTON DRIVE  
NAPLES FL 33942**

*Robert B Blanch  
6732 Lone Oak Blvd  
Naples FL 34109*

81 Name

*Roger Kramer & Assoc*

82 Street Address (P.O. Box Number is Not Acceptable)

*6132 Lone Oak Blvd*

83

84 City

*Naples*

FL

85 Zip Code

*34109*

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Robert B Blanch*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4-10-97*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **ANDERSON, RAY F**  
STREET ADDRESS **108 HUNTINGTON DRIVE**  
CITY-ST-ZIP **NAPLES FL 33942**

TITLE ☒ DELETE

NAME **WHITE, CYNDI L**  
STREET ADDRESS **108 HUNTINGTON DRIVE**  
CITY-ST-ZIP **NAPLES FL 33942**

TITLE ☒ DELETE

NAME **CONROY, J T III**  
STREET ADDRESS **975 SIXTH AVENUE SOUTH**  
CITY-ST-ZIP **NAPLES FL 33940**

TITLE ☐ DELETE

NAME **Director Ray Rosa**  
STREET ADDRESS **9660 Victoria Lane #105A**  
CITY-ST-ZIP **Naples, FL, 34109**

TITLE ☐ DELETE

NAME **Rhea Moody Director**  
STREET ADDRESS **9640 Victoria Lane #103C**  
CITY-ST-ZIP **Naples FL 34109**

TITLE ☐ DELETE

NAME **Director Steve Milligan**  
STREET ADDRESS **9650 Victoria Lane #108B**  
CITY-ST-ZIP **Naples, FL 34109**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Steve Milligan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-14-97*

Date

*597-6057*

Daytime Phone # 00000000

CR2E037 (9/96)