
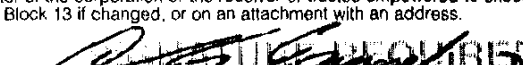


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000000784 (6)</b> 1. Corporation Name <b>VICTORIA ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2801 FRUITVILLE ROAD SUITE 150 SARASOTA FL 34237</b>		Mailing Address <b>2801 FRUITVILLE ROAD SUITE 150 SARASOTA FL 34237-5301</b>	
2. Principal Place of Business 21 <b>3900 CLARK ROAD</b> Suite, Apt. #, etc. 22 <b>SUITE L-1</b> City & State 23 <b>SARASOTA FLORIDA</b> Zip 24 <b>34233</b>		2a. Mailing Address 26 <b>3900 CLARK ROAD</b> Suite, Apt. #, etc. 27 <b>SUITE L-1</b> City & State 28 <b>SARASOTA FLORIDA</b> Zip 29 <b>34233</b>	
3. Date Incorporated or Qualified <b>02/12/1996</b>		3a. Date of Last Report	
4. FEI Number <b>65-0660426</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DOMBER, HARLAN R 2801 FRUITVILLE ROAD SUITE 150 SARASOTA FL 34237</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>3900 CLARK ROAD</b> 83 <b>SUITE L-1</b> 84 City <b>SARASOTA</b> 85 Zip Code <b>FL 34233</b>	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHOP, RALPH M 24000 RAMPART BLVD, LOT 135 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MCLEOD, GORDON 24000 RAMPART BLVD, LOT 88 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETCHELL, RICHARD 24000 RAMPART BLVD, LOT 133 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD PEFFERS, RAYMOND 24000 RAMPART BLVD, LOT 179 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLETT, HELEN 24000 RAMPART BLVD, LOT 39 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD SHERIDAN, ANNE M 24000 RAMPART BLVD, LOT 67 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DES ROCHES, MARTHA 24000 RAMPART BLVD, LOT 39 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D BURKE, GWENYTH 24000 RAMPART BLVD, LOT 123 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JIM 24000 RAMPART BLVD, LOT 39 PORT CHARLOTTE FL 33980 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMEL, DARRYL K 24000 RAMPART BLVD, LOT 39 PORT CHARLOTTE FL 33980 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	SD 24000 RAMPART BLVD, LOT 119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>D. EMMEL, MARCH 13, 1997 (941) 629-5709</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063358			

CR2E037 (9/96)