

FILE NOW: FILING FEE IS \$61.25

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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000784 (6)**

1. Corporation Name

VICTORIA ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3900 CLARK RD STE L-1 SARASOTA FL 34233 US	3900 CLARK RD STE L-1 SARASOTA FL 34233 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	02/12/1996
4. FEI Number	65-0660426
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
DOMBER, HARLAN R 3900 CLARK RD STE L-1 SARASOTA FL 34233	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCLEOD, GORDON
STREET ADDRESS	24000 RAMPART BLVD LOT 88
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PEFFERS, RAY
STREET ADDRESS	24000 RAMPART BLVD LOT 179
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SHERIDAN, ANNE M.
STREET ADDRESS	24000 RAMPART BLVD, LOT 123
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DES ROCHES, MARTHA
STREET ADDRESS	24000 RAMPART BLVD, LOT 39
CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE	SD <input type="checkbox"/> DELETE
NAME	EMMEL, DARRYL K
STREET ADDRESS	24000 RAMPART BLVD LOT 119
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAY, PEFFERS
1.3 STREET ADDRESS	24000 RAMPART BLVD. LOT 179
1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK MURPHY
2.3 STREET ADDRESS	24000 RAMPART BLVD. LOT 77
2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRENDA FEENEY
3.3 STREET ADDRESS	24000 RAMPART BLVD. LOT 193
3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
4.1 TITLE	SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM R. HYNES
4.3 STREET ADDRESS	24000 RAMPART BLVD. LOT 125
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
5.1 TITLE	DIR. AT LARGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DONALD FITTING
5.3 STREET ADDRESS	24000 RAMPART BLVD LOT 137
5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *William R. Hynes* 4/6/98 941-764-8422

CR2E037 (10/97)