

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90063 035 ****61.25

DOCUMENT # N96000000784

1. Entity Name
VICTORIA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3900 CLARK RD STE L-1 SARASOTA FL 34233 US	Mailing Address 3900 CLARK RD STE L-1 SARASOTA FL 34233 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 65-0660426	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**DOMBER, HARLAN R
 3900 CLARK RD
 STE L-1
 SARASOTA FL 34233**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEMPSKI, HAZEL 24000 RAMPART BLVD LOT 11 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL MURPHY, JACK 2400 RAMPART BLVD., LOT77 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEENEY, BRENDA 24000 RAMPART BLVD., LOT 193 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HYMES, WILLIAM R 24000 RAMPART BLVD., LOT 125 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEGHIN, LAWRENCE 24000 RAMPART BLVD LOT 164 PORT CHARLOTTE FL 33980 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DON MACALLISTER 24000 RAMPART Blvd #166 PT. CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL RITA CROGAN 24000 RAMPART Blvd #16 PT. CHARLOTTE, FL. 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAZEL DEMPSKI 24000 Rampart Blvd #11 PT. CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RON FEARN 24000 RAMPART Blvd #40 PT. CHARLOTTE, FL. 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWRENCE BEGHIN 24000 Rampart Blvd #164 PT. CHARLOTTE, FL 33980 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: **HAZEL M. DEMPSKI, PRES.** **941-766-0781**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3/13/01** Date Daytime Phone #

CR2E037 (10/00)