

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90056 024 ****61.25

DOCUMENT # N96000000784

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOMBER, HARLAN R
3900 CLARK RD
STE L-1
SARASOTA FL 34233**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **DEMPSKI, HAZEL**
STREET ADDRESS **24000 RAMPART BLVD LOT 11**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **AD** ☒ Change ☐ Addition
NAME **DEMPSKI, HAZEL**
STREET ADDRESS **24000 RAMPART BLVD LOT 11**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **DAL** ☒ Delete
NAME **MURPHY, JACK**
STREET ADDRESS **2400 RAMPART BLVD., LOT 77**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **VD** ☒ Change ☐ Addition
NAME **DON MACALLISTER**
STREET ADDRESS **24000 RAMPART BLVD #166**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **TD** ☒ Delete
NAME **FEENEY, BRENDA**
STREET ADDRESS **24000 RAMPART BLVD., LOT 193**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **T/D** ☒ Change ☐ Addition
NAME **WEBB, DANNY**
STREET ADDRESS **24000 RAMPART BLVD. #82**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **PD** ☒ Delete
NAME **HYMES, WILLIAM R**
STREET ADDRESS **24000 RAMPART BLVD., LOT 125**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☒ Change ☐ Addition
NAME **CRONAN, RITA**
STREET ADDRESS **24000 RAMPART BLVD. #16**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **SD** ☐ Delete
NAME **BEGHIN, LAWRENCE**
STREET ADDRESS **24000 RAMPART BLVD LOT 164**
CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **D** ☒ Change ☐ Addition
NAME **HAVERS, JIM**
STREET ADDRESS **24000 RAMPART BLVD. #155**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **FEARN, RON**
STREET ADDRESS **24000 RAMPART BLVD #40**
CITY-ST-ZIP **PORT CHARLOTTE FL, 33980**

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

DANNY WEBB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 941-235-2787
Date Daytime Phone #

CR2E037 (9/01)