

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90042 034 ****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**

14003167



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACALLISTER, DON 24000 RAMPART BLVD LOT 166 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCLEOD, JOANNE 24000 RAMPART BLVD LOT 88 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHORLTON, GEORGE 24000 RAMPART BLVD LOT 89 PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONAN, RITA 24000 RAMPART BLVD #16 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVERS, JIM 24000 RAMPART BLVD #155 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLANT, BOB 24000 RAMPART BLVD LOT 57 PORT CHARLOTTE, FL 33980	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PEFFERS, MARALYN 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DEWITTE, MARTY 24000 Rampart Blvd., Lot #82 Port Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WAX, DALE 24000 Rampart Blvd., Lot #162 Port Charlotte, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PELLANT, ROBERT 24000 Rampart Blvd Lot 57 Port Charlotte, FL 33980	<input checked="" 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: *Marty Dewitte* **Marty Dewitte**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-2004- 941-613-2792
Date Daytime Phone #

Attachment

14003167

#N96000000784

VICTORIA ESTATES HOMEOWNERS ASSOCIATION, INC.
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Section 11, Continued:

Addition:

D
GOODMAN, LLOYD M.
24000 Rampart Blvd., Lot #49
Port Charlotte, FL 33980