

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90190 014 ****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**

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

**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. 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

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMPSKI, HAZEL	
STREET ADDRESS	24000 RAMPART BLVD LOT 11	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MACALLISTER, DON	
STREET ADDRESS	24000 RAMPART BLVD #166	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEBB, DANNY	
STREET ADDRESS	24000 RAMPART BLVD #82	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRONAN, RITA	
STREET ADDRESS	24000 RAMPART BLVD #16	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAVERS, JIM	
STREET ADDRESS	24000 RAMPART BLVD #155	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEARN, RON	
STREET ADDRESS	24000 RAMPART BLVD #40	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON MACALLISTER	
STREET ADDRESS	24000 RAMPART BLVD LOT 166	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE MCLEOD	
STREET ADDRESS	24000 RAMPART BLVD. LOT 88	
CITY-ST-ZIP	PORT CHARLOTTE FL, 33980	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE CHORLTON	
STREET ADDRESS	24000 RAMPART BLVD. LOT 89	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB DELLANT	
STREET ADDRESS	24000 RAMPART BLVD LOT 57	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARALYN PEFFERS	
STREET ADDRESS	24000 RAMPART BLVD LOT 179	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4/3/03 941-235-2787

CR2E037 (10/02)