


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001478 (4)**

1. Corporation Name

**VICTORIA SHORES A, A CONDOMINIUM ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

**100 HUNTINGTON DRIVE  
NAPLES FL 33942**

**100 HUNTINGTON DRIVE  
NAPLES FL 34109-1877**



3. Date Incorporated or Qualified  
**03/13/1996**

3a. Date of Last Report

4. FEI Number

**65-0684 995**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

**21 Victoria Shores A**

Suite, Apt. #, etc.

**22 9660 Victoria Lane**

City & State

**23 Naples FL**

Zip

**34109**

Country

**Collier**

2a. Mailing Address

**26 Victoria Shores A**

Suite, Apt. #, etc.

**27 6732 Lone Oak Dr**

City & State

**28 Naples FL**

Zip

**34109**

Country

**Collier**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, RAY F  
100 HUNTINGTON DRIVE  
NAPLES FL 33942**

**Robert B Couch  
6732 Lone Oak Blvd  
Naples, FL, 34109**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Robert B Couch*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-10-97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, RAY F</b>	
STREET ADDRESS	<b>100 HUNTINGTON DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITE, CYNTHIA L</b>	
STREET ADDRESS	<b>100 HUNTINGTON DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 33942</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CONROY, J. THOMAS III</b>	
STREET ADDRESS	<b>975 SIXTH AVE., SOUTH #101</b>	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
TITLE	<b>D - President</b>	<input type="checkbox"/> DELETE
NAME	<b>Ray Rosa</b>	
STREET ADDRESS	<b>9660 Victoria Lane #105A</b>	
CITY-ST-ZIP	<b>Naples, FL 34109</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Jim Cox</b>	
STREET ADDRESS	<b>2044 J+C Blvd</b>	
CITY-ST-ZIP	<b>Naples FL 34109</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>Tim Anderson</b>	
STREET ADDRESS	<b>9660 Victoria Lane #308A</b>	
CITY-ST-ZIP	<b>Naples FL 34109</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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.

CR2E037 (9/96)