

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90051 009 ****61.25

DOCUMENT # N96000001597			
1. Entity Name VICTORIA MANOR CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2517 SANTA BARBARA BLVD #11 CAPE CORAL, FL 33914 US		Mailing Address C/O PROFESSIONALLY YOURS INC V. MANOR PO BOX 100831 CAPE CORAL, FL 33910 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 40 Realty Services Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State 2525 Parkway St Ft Myers, FL	
Zip 33914		Zip 33901	
Country US		Country FL	
4. FEI Number 59-1160480		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS, INC. 2517 SANTA BARBARA BLVD., #11 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name: Realty Services Street Address (P.O. Box Number is Not Acceptable): 2525 Parkway St City: Fort Myers, FL Zip Code: 33901	
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 <i>[Signature]</i> MICHAEL McVEY		DATE 3/27/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME LEFAURE, WILLIAM STREET ADDRESS 708 VICTONA DR., #102 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WELLENS, GERALD A STREET ADDRESS 4248 MONROE RD CITY-ST-ZIP DE PERE, WI 54115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME HOMER, THOMAS Horner, Thomas H STREET ADDRESS 708 VICTONA DR., #211 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MCLAUGHLIN, BARRY STREET ADDRESS 708 VICTONA DR., #108 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MESCH, BEVERLY STREET ADDRESS 708 VICTONA DR., #104 CITY-ST-ZIP CAPE CORAL, FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <i>[Signature]</i>		DATE 4/06/2007 DAYTIME PHONE # X239-540-3200	