

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90024 011 ****61.25

DOCUMENT # N96000001597					
1. Entity Name VICTORIA MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O REALTY SERVICES 2525 PARKWAY ST FORT MYERS, FL 33901 US			Mailing Address C/O REALTY SERVICES 2525 PARKWAY ST FORT MYERS, FL 33901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1160480	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REALTY SERVICES 2525 PARKWAY ST FORT MYERS, FL 33901			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 <u>Michael McVety</u> <u>mmvety</u> <u>5/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete		TITLE T NAME ROGER HANSON STREET ADDRESS 708 VICTORIA DR. #212 CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE Sec NAME WELLES, GERALD A STREET ADDRESS 4248 MONROE RD CITY-ST-ZIP DE PERE, WI 54115	<input type="checkbox"/> Delete		TITLE D NAME ARTHUR MIKALSEN STREET ADDRESS 708 VICTORIA DR #203 CITY-ST-ZIP CAPE CORAL FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME HORNER, THOMAS H STREET ADDRESS 708 VICTONA DR., #211 CITY-ST-ZIP CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP 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 P 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: <u>Beverly Mesch</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/21/08</u> Daytime Phone # <u>945-7880</u>		