## FILE NOW: FILING FEE IS $61.25

| NONPROFIT CORPORATION ANNUAL REPORT **1998** | | FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT #  N96000002542 (6)**
1. Corporation Name

**VICTORIA PLACE CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2525 WATERVIEW PLACE WINDERMERE FL 34786-8330 | 2525 WATERVIEW PLACE WINDERMERE FL 34786-8330 |

3. Date Incorporated or Qualified
**05/06/1996**

4. FEI Number ~~APPLIED FOR~~ ☑ Not Applicable / Applied For

| 2. Principal Place of Business | 2a. Mailing Address | |
|---|---|---|
| 21 | 26 | 5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No |

**9. Name and Address of Current Registered Agent**

ANDERSON, RODGER
2525 WATERVIEW PLACE
WINDERMERE FL 34786-8330

**10. Name and Address of New Registered Agent**

| 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 _____
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANDERSON, RODGER | | 1.2 NAME | |
| STREET ADDRESS | 2525 WATERVIEW PLACE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINDERMERE FL 34786-8330 | | 1.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | YEAGER, HAL | | 2.2 NAME | |
| STREET ADDRESS | 2525 WATERVIEW PLACE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINDERMERE FL 34786-8330 | | 2.4 CITY-ST-ZIP | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANDERSON, DEBBIE | | 3.2 NAME | |
| STREET ADDRESS | 2525 WATERVIEW PLACE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINDERMERE FL 34786-8330 | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | JC 48 |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | 5000002482024 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -04/08/98--01035--028 ***61.25 |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. 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 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.

SIGNATURE: _____    1-8-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #