

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90451 040 \*\*\*\*61.25

**DOCUMENT # N96000003801**

1. Entity Name  
**VICTORIA SHORES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% SOUTHWEST PROPERTY MANAGEMENT CORP.  
1044 CASTELLO DRIVE SUITE 206  
NAPLES, FL 34103**

Mailing Address  
**% SOUTHWEST PROPERTY MANAGEMENT CORP.  
1044 CASTELLO DRIVE SUITE 206  
NAPLES, FL 34103**

**40091185**



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

04262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0684995**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP.  
1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SHELTON, LIBBY ☐ Delete  
STREET ADDRESS 9650 VICTORIA LANE, #302B  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME MYRICK, BARBARA ☐ Delete  
STREET ADDRESS 9650 VICTORIA LANE, 304B  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MARTINEZ, EDGAR ☐ Delete  
STREET ADDRESS 9660 VICTORIA LANE #208A  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME DROUIN, HEATHER ☐ Delete  
STREET ADDRESS 9650 VICTORIA LANE, 306B  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME SMITH, KAREN ☐ Delete  
STREET ADDRESS 9640 VICTORIA LANE, 201C  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DEMONTE, MICHAEL ☐ Delete  
STREET ADDRESS 9660 VICTORIA LANE #304A  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/25/07*