

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-01-2006 90367 001 ****61.25

DOCUMENT # N96000004951

1. Entity Name
VICTORIA COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
649 5TH AVE. SOUTH
NAPLES, FL 34102

Mailing Address
6700 WINKLER ROAD
SUITE 2
FORT MYERS, FL 33919

66021569



2. Principal Place of Business

same →

3. Mailing Address

9411 Cypress Lake Dr.

Suite, Apt. #, etc.

#2

03072006 Chg-NP CR2E037 (11/05)

City & State

City & State
Ft. Myers, FL

4. FEI Number
65-0848203

Applied For
Not Applicable

Zip

Country

Zip

Country

33919 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'AGOSTINO, LOUIS D
% CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent

School Management, Inc.

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

same as above

Robert E. Gelles, Agent

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

Robert E. Gelles

Robert E. Gelles

6/29/06

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, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SPINELLA, CARMEN J	
STREET ADDRESS	649 5TH AVE. SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SPINELLA, CARMEN J	
STREET ADDRESS	649 5TH AVE. SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEINMETZ, THOMAS	
STREET ADDRESS	649 5TH AVE SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Schutt	
STREET ADDRESS	7145 Victoria Cove Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendi Dickman	
STREET ADDRESS	7109 Victoria Cove Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	millie strom	
STREET ADDRESS	7671 Victoria Cove Ct.	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 copies like empowered.

SIGNATURE: Millie K. Strohm, Agent 4/28-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #