


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90010 045 ****61.25

DOCUMENT # N96000004951	
1. Entity Name VICTORIA COVE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9411 CYPRESS LAKE DR STE 2 FORT MYERS, FL 33919	Mailing Address 9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919
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40100206



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

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0848203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ-BRYAN C/O SCHOO MANAGEMENT, INC 9411 CYPRESS LAKES DR. #2 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name PATRICIA SCHOO Street Address (P.O. Box Number is Not Acceptable) C/O Schoo Management 9411 Cypress Lakes Dr #2 City Fort Myers FL Zip Code 33919	
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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 Patricia Schoo CAM	DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUTT, PAM 7745 VICTORIA COVE CT FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JACK STROHM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7671 VICTORIA COVE CT. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DICKMAN, WENDY 7709 VICTORIA COVE CT FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT HAMRICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7675 VICTORIA COVE CT. FORT MYERS, FL 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROHM, MILLIE 7671 VICTORIA COVE CT FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRED STROHM <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7671 Victoria Cove CT Fort Myers FL 33908
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
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
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: Jack Strohm	4-21-08 239-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	