## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004951

FILED Mar 18, 2009 Secretary of State

Entity Name: VICTORIA COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9411 CYPRES LAKE DR 9411 CYPRESS LAKE DR

STE 2 STE 2

FORT MYERS, FL 33919 FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

9411 CYPRESS LAKE DR SUITE 2 FORT MYERS, FL 33919

FEI Number: 65-0848203 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOO, PATRICIA C/O SCHOO MANAGEMENT,INC 9411 CYPRESS LAKES DR. #2 FORT MYERS, FL 33919 US SCHOO, PATRICIA CAM C/O SCHOO MANAGEMENT,INC 9411 CYPRESS LAKES DR. #2 FORT MYERS, FL 33919 US

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.

SIGNATURE: PATRICIA SCHOO 03/18/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 STROHM, JACK
 Name:
 HAMRICK, SCOTT

 Address:
 7671 VICTORIA COVE CT
 Address:
 7675 VICTORIA COVE COURT

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: HAMRICK, SCOTT Name: SCHUTT, PAM

Address: 7675 VICTORIA COVE CT
City-St-Zip: FORT MYERS, FL 33909
Address: 7745 VICTORIA COVE COURT
City-St-Zip: FORT MYERS, FL 33908
City-St-Zip: FORT MYERS, FL 33908

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 STROHM, FRED
 Name:
 TRUST, GREG

 Address:
 7671 VICTORIA COVE CT
 Address:
 7671 VICTORIA COVE CT

 City-St-Zip:
 FORT MYERS, FL 33908
 City-St-Zip:
 FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SCHOO CAM 03/18/2009