2001	UNIFORM BUSI	NESS REPO	RT, (UBF	3)	APPHOVEL			
DOCUMENT # N9900003817 1. Entity Name VICTORIA PLACE TOWNHOMES ASSOCIATION, INC.					AND			
				011	MAY-1 PM 8:53			
Principal Place of Business		Mailing Address		SEC	CRETARY OF STATE LAHASSEE, FLORIDA			
ONE FINANCIAL PLAZA 18TH FLOOR FT LAUDERDALE FL 33394 "		one financial plaza 18th floor ft lauderdale fl 33394		PALI	LAMASSEE, FLORIDA			
					1841 4 4 114 184 184 184 184 184 184 184			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Nu	mber 65-1021025		plied For t Applicable	
Zip	Country	Zip	Country	5. Certific	eate of Status Desired	\$8.75 Addi		
	6. Name and Address of Current R	egistered Agent		7. Name a	and Address of New Registered	Agent		
			Name					
CHAPLIN, JAMES B ONE FINANCIAL PLAZA 18TH FLOOR			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	RDALE FL 33394		City	FL Zip Code		3		
	named entity submits this statement for				<u> </u>		_	
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signatu	are required when reinstating			-	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	to Fees Department of State			
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/	CHANGES TO OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAPLIN, JAMES B ONE FINANCIAL PLAZA 18TH FLOOR		TITLE NAME STREET ADDRESS CITY-ST-ZIP		;	_} Change	Addition	
TITLE NAME	DST HODGES, NANCY L	☐ Delete	TITLE NAME		300004194	Change + 63	Addition	
STREET ADDRESS CITY-ST-ZIP	ONE FINANCIAL PLAZA 18TH FLOOR		STREET ADDRESS CITY-ST-ZIP		-05/11/01 ***1311.25	-01004 ; *****	006 61.25	
TITLE NAME	D HODGES, CHAD	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2644 E OAKLAND PARK BLVD FORT LAUDERDALE FL 33306		STREET ADDRESS	•				
TITLE	PONT EAUDENDALE TE 00000	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		· .			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	

12. 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-\$T-ZIP