

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 717234

**Entity Name:** VICTORIA PARK TOWER ASSOCIATION, INC.

**Current Principal Place of Business:**

900 NE 18TH AVE  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

900 NE 18TH AVE  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 59-1318150

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
625 N. FLAGLER DR, 7TH FLOOR  
WEST PALM BEACH, FL 33401 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           LIOULAS, KAREN  
Address        900 NE 18TH AVE #101  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           DIRECTOR  
Name           SCHILD, WALTER  
Address        900 NE 18TH AVE #1006  
City-State-Zip: FT. LAUDERDALE FL 33304

Title           VP  
Name           MORGAN-D'AMELIO, KAREN  
Address        900 NE 18TH AVE #1408  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           D  
Name           NICHOL, CLAYTON  
Address        900 NE 18TH AVE #705  
City-State-Zip: FORT LAUDERDALE FL 33304

Title           SECRETARY  
Name           BARTUSIAK, RAY  
Address        900 NE 18TH AVE #309  
City-State-Zip: FT. LAUDERDALE FL 33304

Title           DIRECTOR  
Name           HART, GAIL  
Address        900 NE 18TH AVE #1001  
City-State-Zip: FT. LAUDERDALE FL 33304

Title           DIRECTOR  
Name           TAYLOR, MICHAEL  
Address        900 NE 18TH AVE #708  
City-State-Zip: FT. LAUDERDALE FL 33304

*I hereby 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 all other like empowered.*

**SIGNATURE:** WALTER SCHILD

**DIRECTOR**

**08/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date