

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761003

**Entity Name:** VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC1501199957**

**Current Principal Place of Business:**

650 NE 149 ST  
OFFICE  
MIAMI, FL 33161-2279

**Current Mailing Address:**

650 NE 149 ST  
OFFICE  
MIAMI, FL 33161-2279

**FEI Number: 59-2383780**

**Certificate of Status Desired: Yes**

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

PINA, PABLO  
650 NE 149 ST  
OFFICE  
MIAMI, FL 33161-2279 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: PABLO PINA**

**02/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRES  
Name           PINA, PABLO  
Address        650 NE 149 ST  
                  OFFICE  
City-State-Zip: MIAMI FL 33161-2279

Title           VICE  
Name           TAPIA, ARLENE  
Address        650 NE 149 ST  
                  OFFICE  
City-State-Zip: MIAMI FL 33161-2279

Title           TREA  
Name           TEJADA, OVIDIO ANTONIO  
Address        650 NE 149 ST  
                  OFFICE  
City-State-Zip: MIAMI FL 33161-2279

Title           SECR  
Name           MENDOZA, VILMA  
Address        650 NE 149 ST  
                  OFFICE  
City-State-Zip: MIAMI FL 33161-2279

Title           DIR  
Name           FERNANDEZ, MANUEL  
Address        650 NE 149 ST  
                  OFFICE  
City-State-Zip: MIAMI FL 33161-2279

Title           DIR  
Name           SOLANO, OTTO  
Address        650 NE 149 ST  
                  OFFICE  
City-State-Zip: MIAMI FL 33161-2279

*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: PABLO PINA**

**PRESIDENT**

**02/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date