

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761003

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

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC4314243697**

**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**

**04/29/2016**

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**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date