DOCUMENT# N0000003342

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LAKE VICTORIA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

650 VICTORIA SQUARE LANE LAKELAND, FL 33813

Current Mailing Address:

650 VICTORIA SQUARE LANE LAKELAND, FL 33813 US

FEI Number: 65-0739367

Name and Address of Current Registered Agent:

SANOBA, GREGORY AESQ. 422 SOUTH FLORIDA AVENUE LAKELAND, FL 33801 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, TREASURER
Name	HOLTER, ERIC	Name	CHAPMAN, REGGIE
Address	5747 LAKE VICTORIA DRIVE	Address	5846 LAKE VICTORIA COVE
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813
Title	SECRETARY	Title	DIRECTOR
Name	RAY-OVERSTREET, ALICE	Name	MCCABE, AMANDA
Address	5759 LAKE VICTORIA DRIVE	Address	645 VICTORIA SQUARE LANE
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813
Title	DIRECTOR	Title	DIRECTOR, VP
Title Name	DIRECTOR HOYLE, NIKI	Title Name	DIRECTOR, VP URQUHART, SCOTT
Name	HOYLE, NIKI 5675 LAKE VICTORIA DRIVE	Name Address	URQUHART, SCOTT
Name Address	HOYLE, NIKI 5675 LAKE VICTORIA DRIVE	Name Address	URQUHART, SCOTT 5810 LAKE VICTORIA COVE
Name Address City-State-Zip:	HOYLE, NIKI 5675 LAKE VICTORIA DRIVE LAKELAND FL 33813	Name Address City-State-Zip:	URQUHART, SCOTT 5810 LAKE VICTORIA COVE LAKELAND FL 33813
Name Address City-State-Zip: Title	HOYLE, NIKI 5675 LAKE VICTORIA DRIVE LAKELAND FL 33813 DIRECTOR	Name Address City-State-Zip: Title	URQUHART, SCOTT 5810 LAKE VICTORIA COVE LAKELAND FL 33813 DIRECTOR
Name Address City-State-Zip: Title Name Address	HOYLE, NIKI 5675 LAKE VICTORIA DRIVE LAKELAND FL 33813 DIRECTOR MALLORY, BRIAN	Name Address City-State-Zip: Title Name Address	URQUHART, SCOTT 5810 LAKE VICTORIA COVE LAKELAND FL 33813 DIRECTOR SADLER, STEVE

Continues on page 2

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: ALICE RAY-OVERSTREET

SECRETARY

02/09/2021

Electronic Signature of Signing Officer/Director Detail

FILED Feb 09, 2021 Secretary of State 9626609228CC

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	ASST. TREASURER
Name	ROGERS, ROY	Name	MCGEE, CINDY
Address	5915 LAKE VICTORIA DRIVE	Address	5753 LAKE VICTORIA DR.
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813