

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003342

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANOBA, GREGORY AESQ.
422 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801 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 DIRECTOR, TREASURER
Name CHAPMAN, REGGIE
Address 5846 LAKE VICTORIA COVE
City-State-Zip: LAKELAND FL 33813

Title SECRETARY
Name RAY-OVERSTREET, ALICE
Address 5759 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR, PRESIDENT
Name BORNMANN, ANDREW
Address 5902 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR, VP
Name MALLORY, BRIAN
Address 5924 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name SADLER, STEVE
Address 5927 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name ROGERS, ROY
Address 5915 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name STITZEL, ART
Address 5816 LAKE VICTORIA COVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name PIAZZA, RICHARD
Address 5792 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

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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

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARTINEZ, TOMAS
Address 5707 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name SUMAN, ALLEN
Address 5780 LAKE VICTORIA DRIVE
City-State-Zip: LAKELAND FL 33813