

**2016 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  
Name HOLTER, ERIC MR  
Address 5747 LAKE VICTORIA DRIVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name MCCABE, AMANDA MS  
Address 645 VICTORIA SQUARE LANE  
City-State-Zip: LAKELAND FL 33813

Title TREASURER  
Name BUTTERFIELD, STACY MS  
Address 615 VICTORIA SQUARE LANE  
City-State-Zip: LAKELAND FL 33813

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

Title DIRECTOR  
Name LITHGOW, TRUDI MS  
Address 633 VICTORIA SQUARE LANE  
City-State-Zip: LAKELAND FL 33813

Title VP  
Name TURNER, LYNNE MS  
Address 5924 LAKE VICTORIA DRIVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name TURPIN, AMY MS  
Address 5765 LAKE VICTORIA DRIVE  
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR  
Name LARSON, DAN  
Address 5939 LAKE VICTORIA DRIVE  
City-State-Zip: LAKELAND FL 33813

**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**

**02/10/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HOYLE, NIKI  
Address        5675 LAKE VICTORIA DRIVE  
City-State-Zip: LAKELAND FL 33813

Title           PRESIDENT  
Name           GERTZ, GARY  
Address        5902 LAKE VICTORIA DRIVE  
City-State-Zip: LAKELAND FL 33813