

**2022 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           URQUHART, SCOTT  
Address        5810 LAKE VICTORIA COVE  
City-State-Zip: LAKELAND FL 33813

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

Title           DIRECTOR  
Name           BORNMANN, ANDREW  
Address        5902 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**

**02/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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