2013 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

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	PRESIDENT	Title	VP
Name	HOLTER, ERIC MR	Name	MCCABE, AMANDA MS
Address	5747 LAKE VICTORIA DRIVE	Address	645 VICTORIA SQUARE LANE
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813
Title	TREASURER	Title	SECRETARY
Name	BUTTERFIELD, STACY MS	Name	RAY-OVERSTREET, ALICE MS
Address	615 VICTORIA SQUARE LANE	Address	5759 LAKE VICTORIA DRIVE
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR LITHGOW, TRUDI MS	Title Name	DIRECTOR RENZ, DAN MR
Name Address	LITHGOW, TRUDI MS	Name	RENZ, DAN MR 5685 LAKE VICTORIA DRIVE
Name Address	LITHGOW, TRUDI MS 633 VICTORIA SQUARE LANE	Name Address	RENZ, DAN MR 5685 LAKE VICTORIA DRIVE
Name Address City-State-Zip:	LITHGOW, TRUDI MS 633 VICTORIA SQUARE LANE LAKELAND FL 33813	Name Address City-State-Zip:	RENZ, DAN MR 5685 LAKE VICTORIA DRIVE LAKELAND FL 33813
Name Address City-State-Zip: Title	LITHGOW, TRUDI MS 633 VICTORIA SQUARE LANE LAKELAND FL 33813 DIRECTOR	Name Address City-State-Zip: Title	RENZ, DAN MR 5685 LAKE VICTORIA DRIVE LAKELAND FL 33813 DIRECTOR
Name Address City-State-Zip: Title Name Address	LITHGOW, TRUDI MS 633 VICTORIA SQUARE LANE LAKELAND FL 33813 DIRECTOR TURNER, LYNNE MS	Name Address City-State-Zip: Title Name	RENZ, DAN MR 5685 LAKE VICTORIA DRIVE LAKELAND FL 33813 DIRECTOR TURPIN, AMY MS

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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: MS ALICE RAY-OVERSTREET

SECRETARY

03/04/2013

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued :

Title	DIRECTOR	
Name	REESE, RAND MR	
Address	5888 LAKE VICTORIA PLACE	
City-State-Zip:	LAKELAND FL 33813	