

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005155

**Entity Name:** VIRGINIA CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**FEI Number: 59-3534571**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 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            PRES  
Name            BRZEZINSKI, GAIL  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            TREASURER  
Name            COLLETTE, PAUL  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            SECRETARY  
Name            MATUSKA, RON  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            D  
Name            CABLE, JANNA  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            HOLDEN, CHUCK  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title            DIRECTOR  
Name            CZAJKOWSKI, NED  
Address        4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*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: GAIL BRZEZINSKI**

**PRESIDENT**

**03/06/2023**

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

\_\_\_\_\_  
Date