

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007472

Entity Name: VICTORIA HARBOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O AMERICAN CONDOMINIUM MGMT, INC
4223 DEL PRADO S
CAPE CORAL, FL 33904

Current Mailing Address:

C/O AMERICAN CONDOMINIUM MGMT, INC.
PO BOX 100399
CAPE CORAL, FL 33910 US

FEI Number: 03-0394761**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

KASE, SUSAN
C/O AMERICAN CONDOMINIUM MGMT, INC
4223 DEL PRADO S
CAPE CORAL, FL 33904 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: SUSAN KASE

02/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FAIL, CHARLIE
Address C/O AMERICAN CONDOMINIUM
 MGMT, INC.
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY
Name O'FLAHERTY, KURT
Address C/O AMERICAN CONDOMINIUM
 MGMT, INC.
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title VP
Name RUIZ, IVETTE
Address C/O AMERICAN CONDOMINIUM
 MGMT, INC.
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title TREASURER
Name WALZ, MIKE
Address C/O AMERICAN CONDOMINIUM
 MGMT, INC.
 PO BOX 100399
City-State-Zip: CAPE CORAL FL 33910

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: CHARLIE FAIL

PRESIDENT

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date