#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009450

Entity Name: VICTORIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.

FILED Feb 14, 2019 Secretary of State 2028334733CC

### **Current Principal Place of Business:**

1720 W FAIRFIELD DR STE 506 PENSACOLA, FL 32501

## **Current Mailing Address:**

PO BOX 10553

PENSACOLA, FL 32524 US

FEI Number: 20-0837841 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF WEST FLORIDA, INC. 1720 W FAIRFIELD DR SUITE 506 PENSACOLA, FL 32501 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: MARY BAISDEN 02/14/2019

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT Title VP

Name OLSON, CHRISTOPHER Name BERRY, CHAD

Address 3743 LANDON COURT Address 1161 STERLING POINT PLACE

City-State-Zip: GULF BREEZE FL 32563 City-State-Zip: GULF BREEZE FL 32563

TitleTREASURERTitleSECRETARYNameDEFRANCESCO, JOENameKEYES, DEBBIE

Address 3778 MCNEMAR COURT Address 3774 MCNEMAR COURT
City-State-Zip: GULF BREEZE FL 32563 City-State-Zip: GULF BREEZE FL 32563

TitleDIRECTORTitleMANAGING AGENTNameISPHORDING, BRUCENameBAISDEN, MARYAddress1295 STERLING POINT PLACEAddressPO BOX 10553

City-State-Zip: GULF BREEZE FL 32563 City-State-Zip: PENSACOLA FL 32524

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: MARY BAISDEN MANAGING AGENT

Electronic Signature of Signing Officer/Director Detail