

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009450

Entity Name: VICTORIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8800 UNIVERSITY PKWY
SUITE B3
PENSACOLA, FL 32524**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.
8800 UNIVERSITY PKWY
SUITE B3
PENSACOLA, FL 32524 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**03/03/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OLSON, CHRISTOPHER
Address	PO BOX 10533
City-State-Zip:	PENSACOLA FL 32524

Title	VP
Name	BERRY, CHAD
Address	PO BOX 10533
City-State-Zip:	PENSACOLA FL 32524

Title	TREASURER
Name	DEFRANCESCO, JOE
Address	PO BOX 10553
City-State-Zip:	PENSACOLA FL 32524

Title	SECRETARY
Name	KEYES, DEBBIE
Address	PO BOX 10553
City-State-Zip:	PENSACOLA FL 32524

Title	DIRECTOR
Name	ISPHORDING, BRUCE
Address	PO BOX 10553
City-State-Zip:	PENSACOLA FL 32524

Title	MANAGING AGENT
Name	BAISDEN, MARY
Address	PO BOX 10553
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****03/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date