

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009450

Entity Name: VICTORIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**908 GARDENGATE CIR
PENSACOLA, FL 32504**Current Mailing Address:**908 GARDENGATE CIR
PENSACOLA, FL 32504 US**FEI Number:** 20-0837841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ETHERIDGE, RAY O
908 GARDENGATE CIRCLE
PENSACOLA, FL 32504 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 PRESIDENT
Name OLSON, CHRISTOPHER
Address 3743 LONDON COURT
City-State-Zip: GULF BREEZE FL 32563

Title VICE-PRESIDENT
Name OLSON, MELISSA
Address 3743 LONDON COURT
City-State-Zip: GULF BREEZE FL 32563

Title TREASURER
Name BERRY, CHAD
Address 1161 STERLING POINT PLACE
City-State-Zip: GULF BREEZE FL 32563

Title SECRETARY
Name GIBBS, HARVEY
Address 1185 STERLING POINT PLACE
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name DEFRANCESCO, JOE
Address 3778 MCNEMAR COURT
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name KEYES, DEBBIE
Address 3774 MCNEMAR COURT
City-State-Zip: GULF BREEZE FL 32563

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: CHRISTOPHER OLSON**PRESIDENT****04/20/2016**

Electronic Signature of Signing Officer/Director Detail

Date