

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03594

**Entity Name:** VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**Current Mailing Address:**

C/O WISE PROPERTY MANAGEMENT, INC.  
18550 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 US

**FEI Number:** 59-2434118

**Certificate of Status Desired:** No

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

GLAUSIER, CHARLES EVANS  
400 N. ASHLEY DRIVE - STE. 2020  
TAMPA, FL 33602 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            KING, MICHELLE  
Address        18550 NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title            TREASURER, SECRETARY  
Name            LEE, DOUGLAS  
Address        18550 NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title            DIRECTOR  
Name            CANADA, ROBERT  
Address        18550 NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title            DIRECTOR  
Name            GAUTHIER, SHIRLEY MAY  
Address        18550 NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: LUTZ FL 33548

Title            DIRECTOR  
Name            DEFUSCO, KIMBERLY  
Address        18550 NORTH DALE MABRY  
                  HIGHWAY  
City-State-Zip: LUTZ FL 33548

*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: MICHELLE KING**

**PRESIDENT**

**04/04/2018**

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

\_\_\_\_\_  
Date