

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28931

**Entity Name:** VICTORIA PLACE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE  
200 S ORANGE AVE SUITE 1475  
ORLANDO, FL 32801**Current Mailing Address:**C/O REALMANAGE  
P O BOX 803555  
DALLAS, TX 75380 US**FEI Number: 59-2923140****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	HEART, ADAM
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY
Name	BURDIER, CAROLINA
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	JOSEPHS , CLEVE
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	GOICURIA, FRANCISCO JR.
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	WEAVER, SCOTT
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

*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: ADAM HEART****PRESIDENT****01/27/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date