

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 811203

**Entity Name:** VIRGINIA KAYE INC

**Current Principal Place of Business:**

1187 HILLSBORO MILE  
HILLSBORO BEACH, FL 33062

**Current Mailing Address:**

1187 HILLSBORO MILE  
HILLSBORO BEACH, FL 33062

**FEI Number:** 59-0793433

**Certificate of Status Desired:** No

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

MILLER, MARY J  
1187 HILLSBORO MILE  
12W  
HILLSBORO BEACH, FL 33062 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 TD  
Name OSGOOD, RICHARD  
Address 1187 HILLSBORO MILE, #1-E  
City-State-Zip: HILLSBORO BEACH FL 33062

Title VPD  
Name POLKA, JOSEPH  
Address 1187 HILLSBORO MILE, APT 11W  
City-State-Zip: HILLSBORO BEACH FL 33062

Title ASD  
Name MORALES, CHARLES M  
Address 1700 N DIXIE HWY, STE 130  
City-State-Zip: BOCA RATON FL 33432

Title PD  
Name NAZETTE, RANDALL  
Address 1187 HILLSBORO MILE, 5W  
City-State-Zip: HILLSBORO BEACH FL 33062

Title SD  
Name VERSAGGI, JUDITH  
Address 1187 HILLSBORO MILE 13W  
City-State-Zip: HILLSBORO BEACH FL 33062

Title D  
Name HERR, KAREN  
Address 1187 HILLSBORO MILE APT 7W  
City-State-Zip: HILLSBORO BEACH FL 33062

*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:** CHARLES M MORALES

**ASST SECRETARY**

**04/29/2016**

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

\_\_\_\_\_  
Date