

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006381

Entity Name: V.P. HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10401 DEERWOOD PARK BLVD
SUITE 2130
JACKSONVILLE, FL 32256**Current Mailing Address:**10401 DEERWOOD PARK BLVD
SUITE 2130
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3700972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EVERGREEN LIFESTYLES MANAGEMENT, LLC
10401 DEERWOOD PARK BLVD
SUITE 2130
JACKSONVILLE, FL 32256 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:** PATTI FERRIS**04/10/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DVPT
Name	BINES, MARK
Address	10401 DEERWOOD PARK BLVD SUITE 2130
City-State-Zip:	JACKSONVILLE FL 32256

Title	DP
Name	HARVEY, JAMES
Address	10401 DEERWOOD PARK BLVD SUITE 2130
City-State-Zip:	JACKSONVILLE FL 32256

Title	DS
Name	KELLEY, SHAWN
Address	10401 DEERWOOD PARK BLVD SUITE 2130
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	LASAGNA, ROBERT
Address	10401 DEERWOOD PARK BLVD SUITE 2130
City-State-Zip:	JACKSONVILLE FL 32256

Title	D
Name	DUCHSCHER, CAROL
Address	10401 DEERWOOD PARK BLVD SUITE 2130
City-State-Zip:	JACKSONVILLE FL 32256

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: JAMES HARVEY**PRESIDENT****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date