

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006261

Entity Name: VICTORIA GROVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US

FEI Number: 38-3659390**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WYANT CORTEZ & CORTEZ
C/O HILLEY & WYANT-CORTEZ, P.A.
840 US HIGHWAY ONE, SUITE 345
NORTH PALM BEACH, FL 33408 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: CLAIRE WYANT CORTEZ

04/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SHELBY, AARON
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title PD
Name MAES, DONNA
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title T
Name NEWMAN, CAROL
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name BUXBAUM, STEVE
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SD
Name GOLDSTEIN, BRIAN
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name BISIGNANO, DIANE
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name BOURGEOIS, PATRICK
Address C/O GRS MANAGEMENT ASSOCIATES, INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: DONNA MAES

PD

04/01/2015

