

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003295

**Entity Name:** VICTORIA POINTE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 03, 2015**  
**Secretary of State**  
**CC7300211279**

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**FEI Number:** 20-2653970

**Certificate of Status Desired:** No

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

FIRST COAST ASSOCIATION MANAGEMENT  
11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 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            JONES, EMMA MARIE  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            S/T  
Name            FLEMMING, LATRESE  
Address        11555 CENTRAL PARKWAY SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIR  
Name            BENNETT, YVETTE  
Address        11555 CENTRAL PKWY. #801  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP  
Name            HAIRSTON, TINA  
Address        11555 CENTRAL PARKWAY  
                  SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

*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:** EMMA MARIE JONES

**PRESIDENT**

**04/03/2015**

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

\_\_\_\_\_  
Date