## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003295

Entity Name: VICTORIA POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 27, 2017
Secretary of State
CC5776619877

## **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

Officer/Director Detail:

Title VP Title S/T

Name JONES, EMMA MARIE Name FLEMMING, LATRESE

Address 11555 CENTRAL PARKWAY Address 11555 CENTRAL PARKWAY SUITE 801

SUITE 801

City-State-Zip: JACKSONVILLE FL 32224 City-State-Zip: JACKSONVILLE FL 32224

Title DIR Title PRESIDENT

Name BENNETT, YVETTE Name HAIRSTON, TINA

Address 11555 CENTRAL PKWY. #801 Address 11555 CENTRAL PARKWAY

City-State-Zip: JACKSONVILLE FL 32224

ty-state-zip: JACKSONVILLE FL 32224

City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR

Name FLOYD, KARINE

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: TINAHAIRSTON PRESIDENT 03/27/2017

Date