2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09451

Entity Name: VICTORIA WOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 09, 2016
Secretary of State
CC1668868282

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-2617479 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKER, KRIVOK AND STOLOFF P.A 1818 SOUTH AUSTRALIAN AVE SUITE 400 WEST PALM BEACH, FL 33409 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 VPD Title S/T

Name BROWN, JOYCE Name FLYNN, MARILYN

Address C/O GRS MGMT ASSOCIATES INC Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title PD Title D

Name MORROW , STEVE Name SMITH, MIKE

Address C/O GRS MGMT ASSOCIATES INC Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title D

Name SPRING , DAVE

Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463

Electronic Signature of Signing Officer/Director Detail

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.