2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: VICTORIA WOODS HOMEOWNERS' ASSOCIATION, INC.

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 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MGMT ASSOCIATES INC 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	SPRING , DAVE
Address	C/O GRS MGMT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309	Address	C/O GRS MGMT ASSOCIATES INC 3900 WOODLAKE BLVD SUITE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	DIRECTOR		
Name	SAUVE, KRISTINA		
Address	C/O GRS MGMT 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: STEVE MORROW PD 04/02/2018

Electronic Signature of Signing Officer/Director Detail — Date