

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004593

**FILED**  
**Feb 23, 2017**  
**Secretary of State**  
**CC7045208922**

**Entity Name:** VIRGINIA AVENUE OFFICE CONDOMINIUM, INC.

**Current Principal Place of Business:**

6140 ALLIGATOR LAKE SHORE W  
ST CLOUD, FL 34771

**Current Mailing Address:**

6140 ALLIGATOR LAKE SHORE W  
ST CLOUD, FL 34771

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

WHITE, SAMUEL  
6140 ALLIGATOR LAKE SHORE W  
ST CLOUD, FL 34771 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 P  
Name WHITE, SAMUEL  
Address 6140 ALLIGATOR LAKE SHORE W  
City-State-Zip: ST CLOUD FL 34771

Title T  
Name FORTNER, JIMMIE  
Address 215 CADIZ CT  
City-State-Zip: MERRITT ISLAND FL 32953

Title S  
Name FORTNER, ROBERT  
Address 215 CADIZ CT  
City-State-Zip: MERRITT ISLAND FL 32953

*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: JIMMIE FORTNER**

**T**

**02/23/2017**

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

\_\_\_\_\_  
Date