

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000009424

Entity Name: VOA FREEDOM POINTE AH GP, INC.**Current Principal Place of Business:**1660 DUKE STREET
ALEXANDRIA, VA 22314**Current Mailing Address:**1660 DUKE STREET
ALEXANDRIA, VA 22314**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	D
Name	WILSON GENO, SHARON
Address	C/O 1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	BUDZUNSKI, JOSEPH
Address	C/O 1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	D
Name	KING, KIMBERLY
Address	C/O 1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	T
Name	BURKS, JANE
Address	C/O 1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	P
Name	KING, MICHAEL
Address	C/O 1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

Title	S
Name	DOLAN, THOMAS
Address	C/O 1660 DUKE STREET
City-State-Zip:	ALEXANDRIA VA 22314

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: THOMAS DOLAN**SECRETARY****04/21/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date