

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738828

Entity Name: PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 03, 2023
Secretary of State
0420257140CC**Current Principal Place of Business:**115 SOUTH DRIVE
ISLAMORADA, FL 33036**Current Mailing Address:**115 SOUTH DRIVE
ISLAMORADA, FL 33036 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WIGHTMAN, EDDIE
115 SOUTH DRIVE
ISLAMORADA, FL 33036 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: EDDIE WIGHTMAN****04/03/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** VPD
Name LAZZERI, JEFF
Address 26551 SW 182 AVE
City-State-Zip: HOMESTEAD FL 33031**Title** PD
Name WIGHTMAN, E.
Address 115 SOUTH DRIVE
City-State-Zip: ISLAMORADA FL 33036**Title** DS
Name CORLEY, BEVERLY
Address 118 SOUTH DRIVE
City-State-Zip: ISLAMORADA FL 33036**Title** DIRECTOR
Name LAZZERI, ANGEL
Address 26551 SW 182 AVE
City-State-Zip: HOMESTEAD FL 33031**Title** DT
Name HADDICAN, THOMAS
Address 118 SOUTH DRIVE
City-State-Zip: ISLAMORADA FL 33036**Title** DVP
Name CUMMINS, W.
Address 113 SOUTH DRIVE
City-State-Zip: ISLAMORADA FL 33036**Title** DIRECTOR
Name STEPHENS, ED
Address 88005 OVERSEAS HWY.
City-State-Zip: ISLAMORADA FL 33036**Title** DIRECTOR
Name STEIN, JAY DR.
Address 309 NORTH DRIVE
City-State-Zip: ISLAMORADA FL 33036**Continues on page 2**

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 J HADDICAN**DT****04/03/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LOPEZ, CARLOS
Address	2833 SW 5TH STREET
City-State-Zip:	BOYNTON BEACH FL 33435