

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738828

Entity Name: PLANTATION LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 08, 2015
Secretary of State
CC0766662670**Current Principal Place of Business:**305 NORTH DR
ISLAMORADA, FL 33036**Current Mailing Address:**305 NORTH DR
ISLAMORADA, FL 33036 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CORTINA, ANGEL J
305 NORTH DR
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VPD
Name WRIGHT, CARL
Address 201 HARBOR DR.
City-State-Zip: ISLAMORADA FL 33036Title PD
Name WIGHTMAN, E.
Address 115 SOUTH DRIVE
City-State-Zip: ISLAMORADA FL 33036Title DVP
Name COLLINS, TOM
Address 315 NORTH DRIVE
City-State-Zip: ISLAMORADA FL 33036Title DT
Name CORTINA, ANGEL J
Address 305 NORTH DR
City-State-Zip: ISLAMORADA FL 33036Title DVP
Name CUMMINS, W.
Address 113 SOUTH DRIVE
City-State-Zip: ISLAMORADA FL 33036Title DIRECTOR
Name STEPHENS, ED
Address 88005 OVERSEAS HWY.
City-State-Zip: ISLAMORADA FL 33036

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: ANGEL CORTINA, JR.**TREASURER, DIRECTOR 01/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date