

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742043

**Entity Name:** PLANTATION-BY-THE-SEA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 18, 2020**  
**Secretary of State**  
**4673745005CC**

**Current Principal Place of Business:**

87465 OLD HIGHWAY  
ATTN: OFFICE  
ISLAMORADA, FL 33036

**Current Mailing Address:**

87465 OLD HIGHWAY  
ATTN: OFFICE  
ISLAMORADA, FL 33036

**FEI Number: 59-1886607**

**Certificate of Status Desired: No**

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

VIECELI, PAULA  
87465 OLD HWY #222  
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:** PAULA VIECELI

03/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VIECELI, PAULA  
Address        87465 OLD HIGHWAY #222  
City-State-Zip: ISLAMORADA FL 33036

Title            DIRECTOR  
Name            BROCK, ALLEN  
Address        87465 OLD HIGHWAY # 226  
City-State-Zip: ISLAMORADA FL 33036

Title            VP  
Name            CHIARELLO, BRUCE  
Address        87455 OLD HIGHWAY UNIT #252  
City-State-Zip: ISLAMORADA FL 33036

Title            TREASURER  
Name            RUBILLA, ROBERT  
Address        87455 OLD HIGHWAY UNIT #121  
City-State-Zip: ISLAMORADA FL 33036

Title            SECRETARY  
Name            STRUB, MARTHA  
Address        87465 OLD HIGHWAY UNIT #217  
City-State-Zip: ISLAMORADA FL 33036

Title            DIRECTOR  
Name            BRENNAN, WILLIAM  
Address        87465 OLD HIGHWAY UNIT #215  
City-State-Zip: ISLAMORADA FL 33036

Title            DIRECTOR  
Name            ALTHUIS, JANE  
Address        87465 OLD HIGHWAY UNIT #210  
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:** PAULA VIECELI

**PRESIDENT**

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date