

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 748044

Entity Name: VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC

FILED
May 24, 2021
Secretary of State
4458531861CC

Current Principal Place of Business:

C/O LUX MGMT SERVICES
10001 W OAKLAND PARK BLVD SUITE 302
SUNRISE, FL 33351

Current Mailing Address:

C/O LUX MGMT SERVICES
10001 W OAKLAND PARK BLVD SUITE 302
SUNRISE, FL 33351 US

FEI Number: 59-2199134

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOKEINSKY, ESQ, JESSICA
TUCKER & LOKEINSKY, P.A
800 EAST BROWARD BLVD SUITE 710
FORT LAUDERDALE, FL 33301 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: JESSICA LOKEINSKY, ESQ

05/24/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TODD, JOSEPH
Address C/O LUX MGMT SERVICES
 10001 W OAKLAND PARK BLVD SUITE
 302
City-State-Zip: SUNRISE FL 33351

Title VP
Name ORTON, CHARLOTTE
Address C/O LUX MGMT SERVICES
 10001 W OAKLAND PARK BLVD SUITE
 302
City-State-Zip: SUNRISE FL 33351

Title TREASURER
Name TURNER, CYNTHIA
Address C/O LUX MGMT SERVICES
 10001 W OAKLAND PARK BLVD SUITE
 302
City-State-Zip: SUNRISE FL 33351

Title SECRETARY
Name ALVAREZ, TINA
Address C/O LUX MGMT SERVICES
 10001 W OAKLAND PARK BLVD SUITE
 302
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name MARGOLIS, STEVEN
Address 7876 NW 12TH STREET
City-State-Zip: PLANTATION FL 33322

Title DIRECTOR
Name SCHNEIDER, MORRIS
Address C/O LUX MGMT SERVICES
 10001 W OAKLAND PARK BLVD SUITE
 302
City-State-Zip: SUNRISE FL 33351

Title DIRECTOR
Name AVILES, ISMAEL
Address C/O LUX MGMT SERVICES
 10001 W OAKLAND PARK BLVD SUITE
 302
City-State-Zip: SUNRISE FL 33351

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: JOSEPH TODD

PRESIDENT

05/24/2021

Electronic Signature of Signing Officer/Director Detail

Date