

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 20, 2021
Secretary of State
0601847978CC

Entity Name: VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC

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:

KATZ, PA , STEVEN B
LAW OFFICE OF STEVEN B. KATZ, PA
4300 N. UNIVERSITY DRIVE A 106
LAUDERHILL, FL 33351 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: STEVEN KATZ, PA

03/20/2021

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

03/20/2021

Electronic Signature of Signing Officer/Director Detail

Date