

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748044

**FILED**  
**Feb 28, 2019**  
**Secretary of State**  
**5240446348CC**

**Entity Name:** VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC

**Current Principal Place of Business:**

7893 NW 11TH PLACE  
PLANTATION, FL 33322

**Current Mailing Address:**

7893 NW 11TH PLACE  
PLANTATION, FL 33322 US

**FEI Number: 59-2199134**

**Certificate of Status Desired: No**

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

PROCTON, LLOYD W  
400 S.E. 18TH STREET  
FT. LAUDERDALE, FL 33316-2820 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           PRESIDENT  
Name           ORTON, CHARLOTTE  
Address        1112 NW 79TH DRIVE  
City-State-Zip: PLANTATION FL 33322

Title           VP  
Name           TODD, JOSEPH  
Address        1168 N. UNIVERSITY DRIVE  
City-State-Zip: PLANTATION FL 33322

Title           TREASURER  
Name           SCHNEIDER, MORRIS  
Address        7881 NW 11TH PLACE  
City-State-Zip: PLANTATION FL 33322

Title           SECRETARY  
Name           OVERTON, JACQUIE  
Address        1144 NW 79TH DRIVE  
City-State-Zip: PLANTATION FL 33322

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

Title           VP  
Name           LAZARE, LESLIE  
Address        1152 N. UNIVERSITY DRIVE  
City-State-Zip: PLANTATION FL 33322

Title           DIRECTOR  
Name           WEINTRAUB, JAY  
Address        1158 N. UNIVERSITY DRIVE  
City-State-Zip: PLANTATION FL 33322

*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: MORRIS SCHNEIDER**

**TREASURER**

**02/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date