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.

PRESIDENT

#### SIGNATURE: ARMAND DEROSE

Electronic Signature of Signing Officer/Director Detail

#### **DOCUMENT# 749515**

Entity Name: PLANTATION RIVERWOOD ASSOCIATION, INC.

### **Current Principal Place of Business:**

2469 SW ABERDEEN STREET PORT ST. LUCIE. FL 34953-2537

### **Current Mailing Address:**

2469 SW ABERDEEN STREET PORT ST. LUCIE. FL 34953-2537 US

### FEI Number: 59-2021422

# Name and Address of Current Registered Agent:

MCALLISTER, DALE 2469 SW ABERDEEN STREET PORT ST. LUCIE, FL 34953-2537 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:	DALE MCALLISTER			02/26/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title F	PD	Title	VPD		
Name [	DEROSE, ARMAND	Name	LANG, KEVIN		
Address 2	296 NE EDGEWATER DRIVE	Address	234 NE EDGEWATER DRIVE		
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996		
Title [	DIRECTOR	Title	DIRECTOR		
Name H	HARMELING, PETER	Name	YERSAK, RICK		
Address 2	218 NE EDGEWATER DRIVE	Address	233 NE EDGEWATER DRIVE, #2	202	
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996		
Name S Address 2	TREASURER, DIRECTOR STATTEL, CANDACE 282 NE EDGEWATER DRIVE STUART FL 34996				

# Certificate of Status Desired: No

FILED Feb 26, 2023 Secretary of State 4186402073CC

Date

02/26/2023