

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003794

FILED
Mar 25, 2024
Secretary of State
2738419635CC

Entity Name: PLANTATION PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONDOMINIUM ASSOCIATES
2019 OSPREY LANE SUITE B
LUTZ, FL 33549

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
2019 OSPREY LANE SUITE B
LUTZ, FL 33549 US

FEI Number: 59-3717601

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON, ERIC N ESQ.
APPLETON, REISS
215 HOWARD AVE SUITE 200
TAMPA, FL 33606 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: ERIC APPLETON

03/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name ZENEL, CHRISTOPHER
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE SUITE B
City-State-Zip: LUTZ FL 33549

Title PRESIDENT
Name HAMMOND, JAMES
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE SUITE B
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name DOOBAY, DAVEN
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE SUITE B
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name IMLER, JASON
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE SUITE B
City-State-Zip: LUTZ FL 33549

Title SECRETARY
Name MOLONEY, CHRISTINA
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE SUITE B
City-State-Zip: LUTZ FL 33549

Title DIRECTOR
Name HODGE III, HENDERSON ALISON
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE SUITE B
City-State-Zip: LUTZ FL 33549

Title VP
Name GREIVELDINGER, BRETT
Address C/O CONDOMINIUM ASSOCIATES
 2019 OSPREY LANE
 SUITE B
City-State-Zip: LUTZ FL 33549

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: HAMMOND , JAMES

PRESIDENT

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date