2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000004838

Entity Name: PALM BEACH PLANTATION HOMEOWNERS ASSOCIATION,

INC

Current Principal Place of Business:

C/O FIRST SERVICE RESIDENTIAL 11621 KEW GARDENS AVE 200 PALM BEACH GARDENS, FL 33410

Current Mailing Address:

C/O FIRST SERVICE RESIDENTIAL 11621 KEW GARDENS AVE 200 PALM BEACH GARDENS, FL 33410 US

FEI Number: 05-0522097 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KIM, SAJDERA PLLC 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431 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: SAJDERA KIM, PLLC 09/25/2019

Electronic Signature of Registered Agent

Date

FILED Sep 25, 2019

Secretary of State 6981293735CC

Officer/Director Detail:

Title PRESIDENT Title VP

Name FRANCIS, JEROME Name CRUZ, GUILIANO

Address C/O FIRST SERVICE RESIDENTIAL Address C/O FIRST SERVICE RESIDENTIAL

11621 KEW GARDENS AVE 200 11621 KEW GARDENS AVE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title SECRETARY Title TREASURER

Name WARKANS, RONALD Name CORTEZ, JOSE

Address C/O FIRST SERVICE RESIDENTIAL Address C/O FIRST SERVICE RESIDENTIAL

11621 KEW GARDENS AVE 200 11621 KEW GARDENS AVE 200

City-State-Zip:

PALM BEACH GARDENS FL 33410

TitleDIRECTORTitleDIRECTORNameSAGAS, STEVENameVACANT

Address C/O FIRST SERVICE RESIDENTIAL Address C/O FIRST SERVICE RESIDENTIAL

11621 KEW GARDENS AVE 200 11621 KEW GARDENS AVE 200

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name VACANT

City-State-Zip:

Address C/O FIRST SERVICE RESIDENTIAL

11621 KEW GARDENS AVE 200

PALM BEACH GARDENS FL 33410

City-State-Zip: PALM BEACH GARDENS FL 33410

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: BETTY RAFFEL COMMUNITY MANAGER 09/25/2019