## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000400

Entity Name: PLANTATION OAKS HOMEOWNERS ASSOCIATION OF

BREVARD, INC.

Apr 13, 2017 Secretary of State CC3446980628

**FILED** 

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

5505 N ATLANTIC AVE

SUITE 207

COCOA BEACH, FL 32931

## **Current Mailing Address:**

5505 N ATLANTIC AVE SUITE 207 COCOA BEACH, FL 32931 US

FEI Number: 20-0492474 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KEYS ENTERPRISE PROPERTY MANAGEMENT 5505 N ATLANTIC AVE SUITE 207 COCOA BEACH, FL 32931 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

JOANINDES, MIKE HILL, SHEREE Name Name

Address 5505 N ATLANTIC AVE Address 5505 N ATLANTIC AVE

SUITE 207 SUITE 207

COCOA BEACH FL 32931 COCOA BEACH FL 32931 City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **TREASURER** SHIRLEY, JAN MOORE, JIM Name Name

5505 N ATLANTIC AVE 5505 N ATLANTIC AVE Address Address

SUITE 207 SUITE 207

City-State-Zip: COCOA BEACH FL 32931 City-State-Zip: COCOA BEACH FL 32931

Title **DIRECTOR** Title PROPERTY MANAGER ALEXANDER, RICHARD Name TAYLOR, KATHI Name Address Address

5505 N ATLANTIC AVE 5505 N ATLANTIC AVE SUITE 207

SUITE 207

City-State-Zip: COCOA BEACH FL 32931 City-State-Zip: COCOA BEACH FL 32931

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: RICHARD ALEXANDER

PROPERTY MANAGER

04/13/2017