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: GREG BURGEY	MANAGER	04/12/2022
SIGNATURE: GREG BURGEY	MANAGER	04/12/2022

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	SCOTT HEADRICK 0			04/12/20
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	VP	Title	TREASURER	
Name	MANAGEMENT, KEYS PROPERTY	Name	MANAGEMENT, KEYS PROPER	RTY
Address	7827 N. WICKHAM RD SUITE D. D	Address	7827 N. WICKHAM RD SUITE D 207).
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	
Title	PRESIDENT	Title	SECRETARY	
Name	MANAGEMENT, KEYS PROPERTY	Name	MANAGEMENT, KEYS PROPER	RTY
Address	7827 N. WICKHAM RD SUITE D. 207	Address	7827 N. WICKHAM RD SUITE D 207).
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	
Title	DIRECTOR	Title	MANAGER	
Name	MANAGEMENT, KEYS PROPERTY	Name	BURGEY, GREG PROPERTY	
Address	7827 N. WICKHAM RD SUITE D. D	Address	7827 N. WICKHAM RD SUITE D).
City-State-Zip:	MELBOURNE FL 32940	City-State-Zip:	MELBOURNE FL 32940	

Name and Address of Current Registered Agent:

KEYS PROPERTY MANAGEMENT 7827 N. WICKHAM RD SUITE D.

D MELBOURNE, FL 32940 US

MELBOURNE, FL 32940

Current Mailing Address:

D MELBOURNE, FL 32940 US

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300000400

Entity Name: PLANTATION OAKS HOMEOWNERS ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business: 7827 N. WICKHAM RD SUITE D.

D

7827 N. WICKHAM RD SUITE D.

FEI Number: 20-0492474

2/2022

Certificate of Status Desired: No

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.

by 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

FILED Apr 12, 2022 Secretary of State 0985566606CC

Date