

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004826

**Entity Name:** PORT ORANGE PLANTATION HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 12, 2024**  
**Secretary of State**  
**3189933463CC**

**Current Principal Place of Business:**

1326 S RIDGEWOOD AVE  
SUITE 14  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

1326 S RIDGEWOOD AVE  
SUITE 14  
DAYTONA BEACH, FL 32114 US

**FEI Number: 20-3512527**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOUT MANAGEMENT LLC  
1326 S RIDGEWOOD AVE  
SUITE 14  
DAYTONA BEACH, FL 32114 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:** SELINA AHMADZADEH CAM FOR ASSOCIATION

03/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MOELLER, DEBORAH  
Address        1326 S RIDGEWOOD AVE  
                  SUITE 14  
City-State-Zip: DAYTONA BEACH FL 32114

Title            VP  
Name            ANDERSON, RITA  
Address        1326 S RIDGEWOOD AVE  
                  SUITE 14  
City-State-Zip: DAYTONA BEACH FL 32114

Title            SECRETARY, TREASURER  
Name            OSTERBERG, DENISE  
Address        1326 S RIDGEWOOD AVE  
                  SUITE 14  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR  
Name            GODBOUT, MICHAEL  
Address        1326 S RIDGEWOOD AVE  
                  SUITE 14  
City-State-Zip: DAYTONA BEACH FL 32114

Title            DIRECTOR  
Name            SZLAGA, ALICE  
Address        1326 S RIDGEWOOD AVE  
                  SUITE 14  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** DEBORAH MOELLER

**PRESIDENT**

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date