

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26675

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**2333489492CC**

**Entity Name:** THE PLANTATION COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

500 ROCKLEY BLVD.  
VENICE, FL 34293

**Current Mailing Address:**

500 ROCKLEY BLVD.  
VENICE, FL 34293

**FEI Number:** 65-0056930

**Certificate of Status Desired:** No

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

PLANTATION COMMUNITY FOUNDATION, INC.  
500 ROCKLEY BOULEVARD  
VENICE, FL 34293 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:** DOROTHY PITEO

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HAMLIN, BRUCE T.  
Address 500 ROCKLEY BLVD.  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name ECKARD, BRENDA  
Address 500 ROCKLEY BLVD.  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name MASON, KATHY  
Address 500 ROCKLEY BLVD.  
City-State-Zip: VENICE FL 34293

Title PRESIDENT  
Name KUBIK, DONNA  
Address 500 ROCKLEY BLVD  
City-State-Zip: VENICE FL 34293-4300

Title TREASURER  
Name LEATHER, RAYMOND F.  
Address 500 ROCKLEY BOULEVARD  
City-State-Zip: VENICE FL 34293

Title SECRETARY  
Name BRAGLIA, KATHLEEN  
Address 500 ROCKLEY BOULEVARD  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name DECKER, LINDA  
Address 500 ROCKLEY BOULEVARD  
City-State-Zip: VENICE FL 34293

Title DIRECTOR  
Name BROMAN, DONALD  
Address 500 ROCKLEY BOULEVARD  
City-State-Zip: VENICE FL 34293

**Continues on page 2**

*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:** DONNA KUBIK

**PRESIDENT**

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KILROY, BRUCE  
Address        500 ROCKLEY BOULEVARD  
City-State-Zip: VENICE FL 34293