

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37665

Entity Name: PLANTATION GROVE WEST ASSOCIATION, INC.**Current Principal Place of Business:**4327 S. HWY 27 #415
CLERMONT, FL 34711**Current Mailing Address:**4327 S. HWY 27 #415
CLERMONT, FL 34711 US**FEI Number:** 59-3042991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TPS ASSOCIATION MANAGEMENT SERVICES, LLC
4327 S. HWY 27 #415
CLERMONT, FL 34711 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:** DIANNE TREADWELL

03/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HATZIANASTASIADI, LAURA
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES, LLC
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title VP
Name GERBER, JEFFREY
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES, LLC
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title SECRETARY
Name PORCO, KRISTIAN
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES, LLC
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name GEORGE, JOANNE
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES, LLC
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name CEASE, AMANDA
Address C/O TPS ASSOCIATION
 MANAGEMENT SERVICES, LLC
 4327 S HWY 27 #415
City-State-Zip: CLERMONT FL 34711

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: LAURA HATZIANASTASIADI

PRESIDENT

03/04/2021

Electronic Signature of Signing Officer/Director Detail

Date