

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37665

Entity Name: PLANTATION GROVE WEST ASSOCIATION, INC.**Current Principal Place of Business:**13350 W COLONIAL DR
SUITE 330
WINTER GARDEN, FL 34787**Current Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778**FEI Number:** 59-3042991**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHWEST PROPERTY MANAGEMENT OF CTL FL
13350 W COLONIAL DR
SUITE 330
WINTER GARDEN, FL 34787 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	GEORGE, JOANNE
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	PRESIDENT
Name	HATZIANASTASIADIS, LAURA
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	DIRECTOR
Name	LOEWEN, RICHARD
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	SECRETARY
Name	TOROK, CHRISTINE
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

Title	VP
Name	GERBER, JEFFREY
Address	PO BOX 783367
City-State-Zip:	WINTER GARDEN FL 34778

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 HATZIANASTASIADIS

PRESIDENT

03/04/2020

Electronic Signature of Signing Officer/Director Detail_____
Date