

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35063

Entity Name: PLANTATION POINT COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**1 PLANTATION POINT DR
FERNANDINA BEACH, FL 32034**Current Mailing Address:**PO BOX 15344
FERNANDINA BEACH, FL 32035 US**FEI Number:** 26-3050882**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLAGE, PATRICIA
1368 PLANTATION POINT DR
FERNANDINA BEACH, FL 32034 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:** PATRICIA D MILLAGE

03/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WRIGHT, PATRICIA
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

Title VP
Name SCIARINI, CHARLES
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

Title PRESIDENT
Name ALLISON, ROBERT
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

Title DIRECTOR
Name ANDERSON, BARBARA
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

Title DIRECTOR
Name TREMBLY, ARA
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

Title TREASURER
Name MILLAGE, PATRICIA
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

Title DIRECTOR
Name ROGERS, LAWRENCE
Address PO BOX 15344
City-State-Zip: FERNANDINA BEACH FL 32035

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: PATRICIA DERUYTER MILLAGE

TREASURER

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date