

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90215 035 ****61.25

DOCUMENT # 742229

1. Entity Name

PLANTATION TENNIS VILLAS ASSOCIATION, INC.



Principal Place of Business

~~662 NE OCEAN BLVD~~
STUART FL 34996
US

Mailing Address

~~662 NE OCEAN~~
STUART FL 34996
US

2. Principal Place of Business

2115 S.E. OCEAN BLVD
Suite, Apt. #, etc.

3. Mailing Address

2115 S.E. OCEAN BLVD
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number **59-1907801**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAZMIER, T
~~662 NE OCEAN BLVD~~
STUART FL 34996

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2115 S.E. OCEAN BLVD

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **BOGO, ROBERT**
STREET ADDRESS **1007 BLUFF DRIVE NORTH**
CITY-ST-ZIP **BATING HOLLOW NY 11933**

TITLE **P** ☐ Delete
NAME **HARVEY, LES**
STREET ADDRESS ~~662 NE OCEAN BLVD~~
CITY-ST-ZIP **STUART FL 34996**

TITLE **ASD** ☐ Delete
NAME ~~GREY, BOB~~
STREET ADDRESS ~~662 NE OCEAN BLVD~~
CITY-ST-ZIP **STUART FL**

TITLE **TD** ☐ Delete
NAME **LAMBERT, HARRY**
STREET ADDRESS **2656 ALLISON CT**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **S** ☐ Delete
NAME **ROLLINS, MARK**
STREET ADDRESS ~~662 NE OCEAN BLVD~~
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2115 S.E. OCEAN BLVD**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2115 S.E. OCEAN BLVD**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2115 S.E. OCEAN BLVD**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]

4-22-03

772-220-0005

CR2E037 (10/02)