

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **748044**

1. Entity Name

VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90026 034 ****61.25

Principal Place of Business

Mailing Address

P O BOX 16992
 PLANTATION FL 33318

P O BOX 16992
 PLANTATION FL 33318-6992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2199134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLANDER, RHONDA ESQ
1861 N FEDERAL HWY 191
HOLLYWOOD FL 33020

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENRATH, JORGE	
STREET ADDRESS	1176 N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TURNER, CYNTHIA	
STREET ADDRESS	1158 NW 79TH DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANDELL, BARBARA	
STREET ADDRESS	7877 NW 11TH ST	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLARD, TINA	
STREET ADDRESS	7868 NW 11TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	GREGER, DON	
STREET ADDRESS	1174 N. UNIVERSITY DR.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDOLPH, MARLENE	
STREET ADDRESS	1102 NW 79 DR	
CITY-ST-ZIP	PLANTATION FL 33322	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cor Tina	
STREET ADDRESS	7820 NW 11th PL	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Land	
STREET ADDRESS	1152 NW 79 DR	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	Treasurer/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gale Riffe	
STREET ADDRESS	7862 NW 11th PL	
CITY-ST-ZIP	Plantation, FL 33322	

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 all other like empowered.

SIGNATURE: *Cynthia M. Turner* *Cynthia M. Turner* 5/6/00 954-985-3100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)