## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am Secretary of State DOCUMENT # 748044 1. Entity Name 05-16-2001 90209 039 \*\*\*\*61.25 VILLAS OF PLANTATION HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 16992 P O BOX 16992 PLANTATION FL 33318 PLANTATION FL 33318 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2199134 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOLLANDER, RHONDA ESQ 1861 N FEDERAL HWY 191 HOLLYWOOD FL 33020 City 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD Director ☐ Delete TITLE ☐ Change Dandra Nass 1168 NW 79 Dr NAME TURNER, CYNTHIA NAME STREET ADDRESS 1158 NW 79TH DR STREET ADDRESS CITY-ST-ZIE CITY-ST-7iP PLANTATION FL Plantation PD TITLE ☐ Delete Birector Change TITLE Addition NAME MANDELL, BARBARA NAME Selbastian STREET ADDRESS 7877 NW-11TH ST STREET ADDRESS CITY-ST-7IP PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CORPTINA NAME STREET ADDRESS 7820 NW 11TH PL STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME LAND, JUDITH NAME STREET ADDRESS 1152 NW 29 DR STREET ADDRESS CITY-ST-ZIP **PLANTATION FL 33322** CITY-ST-ZIP TD ☐ Delete TITLE Change Addition NAME RIFICE, GALE NAME STREET ADDRESS 7862 NW 11TH PL STREET ADDRESS CITY-ST-ZIE PLANTATION FL 33322 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 an address, with All other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE 985<u>-31∞</u>

STREET ADDRESS

CITY-ST-ZIP