

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

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90123 037 ****61.25

DOCUMENT # 748044

1. Entity Name

Villas of Plantation Homeowners Assn., Inc.

DO NOT WRITE IN THIS SPACE

24072964

2. Principal Place of Business

A & M PARTNERS, INC.

Suite, Apt. #, etc.

3475 N Hiatus Road

City & State

Sunrise FL

Zip

33351

Country

USA

3. Mailing Address

A & M PARTNERS, INC.

Suite, Apt. #, etc.

3475 N Hiatus Road

City & State

Sunrise FL

Zip

33351

Country

USA

4. FEI Number

59-2199134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

A & M PARTNERS, INC.

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

3475 North Hiatus Road

City

Sunrise

FL

Zip Code

33351

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 _____

FEE IS \$61.25

Initial or Amended UBR

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

TITLE PD	Sebastian Randazzo
NAME	1160 NW 79th Drive
STREET ADDRESS	Plantation, FL
CITY-ST-ZIP	
TITLE SD	Barbara Mandell
NAME	7877 NW 11th Street
STREET ADDRESS	Plantation, FL
CITY-ST-ZIP	
TITLE TD	Gail Rifici
NAME	7862 NW 11th Place
STREET ADDRESS	Plantation, FL
CITY-ST-ZIP	
TITLE D	Tina Cor
NAME	7870 NW 11th Drive
STREET ADDRESS	Plantation, FL
CITY-ST-ZIP	
TITLE D	Don Greger
NAME	1174 North University Drive
STREET ADDRESS	Plantation, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Sebastian Randazzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)