

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90094 029 ****61.25

DOCUMENT # N24699

1. Entity Name

PLANTATION PALMS ASSOCIATION, INC.



Principal Place of Business

**J&L PROPERTY MGMT INC
203 10191 W SAMPLE RD
CORAL SPRINGS FL 33065
US**

Mailing Address

**J&L PROPERTY MGMT INC
203 10191 W SAMPLE RD
CORAL SPRINGS FL 33065
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0093178**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMES CALDERAZZO
10191 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VPD	WALKER, ARLINE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
773 NW 100 TERR	773 NW 100 TERR		
PLANTATION FL 33324	PLANTATION FL 33324		
<input type="checkbox"/> Delete			
SD	SLATER, CAROL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
784 NW 101 TERR	784 NW 101 TERR		
PLANTATION FL 33324	PLANTATION FL 33324		
<input type="checkbox"/> Delete			
D	KIRTMAN, JAY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
734 NW 101 TERR	734 NW 101 TERR		
PLANTATION FL 33324	PLANTATION FL 33324		
<input type="checkbox"/> Delete			
T	TESCHER, HOWARD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
755 NW 101 TERRACE	755 NW 101 TERRACE		
PLANTATION FL 33324	PLANTATION FL 33324		
<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *[Signature]* **REQUIRED Pres.** 1/13/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)