## 2000 UNIFORM BUSINESS REPORT (UBK) FILED **DOCUMENT # N31091** May 11, 2000 8:00 am 1. Entity Name Secretary of State HOMEOWNERS' ASSOCIATION OF PLANTATION POINTE, IN 05-11-2000 90307 020 \*\*\*\*61.25 Principal Place of Business Mailing Address 3001 EXECUTIVE DR 3001 EXECUTIVE DR STE 260 STF 260 CLEARWATER FL 33762 CLEARWATER FL 33762-3389 Principal Place of Business 3. Mailing Address 40 SAILWINDS FROP. MGMT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 583 City & State 4. FEI Number Applied For CLEARWATER 59-2942667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired NEZLAS INELLAS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAROL STANEK CONDO ASSOC 3001 EXEC DR STE 260 CLEARWATER FL 34622 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 (NOTE: Registered Agent signatur **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE NAME COSTANZA, FRANK NAME CAROLINA COURT CR2E037 STREET ADDRESS STREET ADDRESS 1985 CAROLINA CT CITY-ST-ZIP CITY-ST-ZIF **CLEARWATER FL** ☐ Addition ☐ Delete Change TITLE NAME NAME PEARL, DON STREET ADDRESS STREET ADDRESS 1995 CAROLINA CT CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL PD X Addition Change TITLE **VPD** Delete TITLE BAMBACE NAME HO, DAVID NAME COURT STREET ADDRESS STREET ADDRESS 1986 CAROLINA CT CLEARWATER CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change TITLE 💢 Delete TITLE Addition WARDWELL NAME NAME **BROWN, JOANNE** STREET ADDRESS STREET ADDRESS 1991 CAROLINA CT 33760 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME BINDER, DENIS STREET ADDRESS STREET ADDRESS 1981 CAROLINA CT CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #