

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90020 038 \*\*\*\*70.00

**DOCUMENT # N98000004195**

1. Entity Name

**PLANTATION PARK EAST HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

375 NW 48TH AVENUE  
 PLANTATION FL 33317  
 US

375 NW 48TH AVENUE  
 PLANTATION FL 33317-2022  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

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

**EWERS, OSWALD D**  
**375 NW 48TH AVENUE**  
**PLANTATION FL 33317**

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  Delete  
 NAME **PD EWERS, OSWALD**  
 STREET ADDRESS **375 NW 48TH AVENUE**  
 CITY-ST-ZIP **PLANTATION FL 33317**

Change  Addition

TITLE  Delete  
 NAME **VD SMITH, KINGSLEY**  
 STREET ADDRESS **4540 NW 4TH COURT**  
 CITY-ST-ZIP **PLANTATION FL 33317**

Change  Addition

TITLE  Delete  
 NAME **TD LEVY, DELSIE T**  
 STREET ADDRESS **4324 N.W. 2ND STREET**  
 CITY-ST-ZIP **PLANTATION FL 33317**

Change  Addition

TITLE  Delete  
 NAME **SD JOHNSON, STAN**  
 STREET ADDRESS **4891 NW 6TH STREET**  
 CITY-ST-ZIP **PLANTATION FL 33317**

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  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:** Oswald D Ewers **OSWALD D EWERS** 2/3/00 (954) 677-2128  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #