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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005522 (8)

1. Corporation Name

PLUM HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
951 BROKEN SOUND PWY  
250  
BOCA RATON FL 33487  
US

Mailing Address  
951 BROKEN SOUND  
250  
BOCA RATON FL 33487-3513  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/08/1993

3a. Date of Last Report  
05/20/1996

4. FEI Number  
65-0455834

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MESSINGER, JOEL  
951 BROKEN SOUND PWY  
SUITE 250  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | DP                               | <input type="checkbox"/> DELETE            |
| NAME           | REEGER, STEVEN C                 |  |
| STREET ADDRESS | 1350 E. NEWPORT CENTER DR., #200 |  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33442         |  |
| TITLE          | DV                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | CHRISTEWSSEW, TOM                |  |
| STREET ADDRESS | 1350 E. NEWPORT CENTER DR.       |  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL               |  |
| TITLE          | DST                              | <input type="checkbox"/> DELETE            |
| NAME           | HOLM, DRUSILLA                   |  |
| STREET ADDRESS | 1350 E. NEWPORT CENTER DR., #200 |  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33442         |  |
| TITLE          |                                  | <input type="checkbox"/> DELETE            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> DELETE            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> DELETE            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

|                    |                                 |          |
|--------------------|---------------------------------|----------|
| 1.1 TITLE          | <input type="checkbox"/> Change | Addition |
| 1.2 NAME           |                                 |          |
| 1.3 STREET ADDRESS |                                 |          |
| 1.4 CITY-ST-ZIP    |                                 |          |
| 2.1 TITLE          | <input type="checkbox"/> Change | Addition |
| 2.2 NAME           | Charles Holtzendorf             |          |
| 2.3 STREET ADDRESS | 1350 E. Newport Center Dr.      |          |
| 2.4 CITY-ST-ZIP    | Deerfield Beach, FL             |          |
| 3.1 TITLE          | <input type="checkbox"/> Ch     | Addition |
| 3.2 NAME           |                                 |          |
| 3.3 STREET ADDRESS |                                 |          |
| 3.4 CITY-ST-ZIP    |                                 |          |
| 4.1 TITLE          | <input type="checkbox"/> Change | Addition |
| 4.2 NAME           |                                 |          |
| 4.3 STREET ADDRESS |                                 |          |
| 4.4 CITY-ST-ZIP    |                                 |          |
| 5.1 TITLE          | <input type="checkbox"/> Change | Addition |
| 5.2 NAME           |                                 |          |
| 5.3 STREET ADDRESS |                                 |          |
| 5.4 CITY-ST-ZIP    |                                 |          |
| 6.1 TITLE          | <input type="checkbox"/> Change | Addition |
| 6.2 NAME           |                                 |          |
| 6.3 STREET ADDRESS |                                 |          |
| 6.4 CITY-ST-ZIP    |                                 |          |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*[Signature]*

*[Signature]*

037 (9/96)