

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 09 1997 8:00am**  
**Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # N93000005523 (6)**

1. Corporation Name

**THE PLUMS MASTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**951 BROKEN SOUND PWY  
250  
BOCA RATON FL 33487  
US**

**951 BROKEN SOUND PWY  
250  
BOCA RATON FL 33487-3513  
US**

3. Date Incorporated or Qualified  
**12/08/1993**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

4. FEI Number  
**65-0455826**

Applied For  
Not Applicable

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

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

**COMMUNITY ASSOCIATION SERVICICES, INC.  
951 BROKEN SOUND PWY  
250  
BOCA RATON FL 33487**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE  
NAME **CHRISTEWSEW, TOM**  
STREET ADDRESS **1350 E. NEWPORT CENTER DR.**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

1.1 TITLE **DP** ☐ Change ☒ Addition  
1.2 NAME **Steve Ræger**  
1.3 STREET ADDRESS **1350 E. Newport Center Drive**  
1.4 CITY-ST-ZIP **Deerfield Beach, FL**

TITLE **DV** ☒ DELETE  
NAME **VANDERCOOK, FRED**  
STREET ADDRESS **1350 E. NEWPORT CENTER DR., #200**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

2.1 TITLE **DV** ☐ Change ☒ Addition  
2.2 NAME **Charles Holtzendorf**  
2.3 STREET ADDRESS **1350 E. Newport Center Drive**  
2.4 CITY-ST-ZIP **Deerfield Beach, FL**

TITLE **DST** ☐ DELETE  
NAME **HOLM, DRUSILLA**  
STREET ADDRESS **1350 E. NEWPORT CENTER DR. #200**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ 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.

CR2E037 (9/96)