

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000005523 (6)**

1. Corporation Name

**THE PLUMS MASTER ASSOCIATION, INC.**



|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Principal Place of Business<br><b>951 BROKEN SOUND PWY<br/>250<br/>BOCA RATON FL 33487<br/>US</b> |  | Mailing Address<br><b>951 BROKEN SOUND PWY<br/>250<br/>BOCA RATON FL 33487<br/>US</b> |  | 3. Date Incorporated or Qualified<br><b>12/08/1993</b>   |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 4. FEI Number<br><b>65-0455826</b>   |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 22 City & State   |  | 27 City & State   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 23 Zip  |  | 28 Country  |  | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 24 Zip  |  | 25 Country  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 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 |                                  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |                                 |  |
|----------------------------|----------------------------------|--|--|---|------------------------|---------------------------------|--|
| TITLE                      | DP                               | <input checked="" type="checkbox"/> DELETE |  | 1.1 TITLE   | STERNBERG, BERNARD     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | REEGER, STEVE                    |  |  | 1.2 NAME  | 9893 N. GRAND JUNE CKN |                                 |  |
| STREET ADDRESS             | 1350 E NEWPORT CENTER DRIVE      |  |  | 1.3 STREET ADDRESS                                    | TAMARAC, FL 33321      |                                 |  |
| CITY-ST-ZIP                | DEERFIELD BEACH FL               |  |  | 1.4 CITY-ST-ZIP                                       |                        |                                 |  |
| TITLE                      | DV                               | <input checked="" type="checkbox"/> DELETE |  | 2.1 TITLE   | STERN, MICHAEL         | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | HOLTZENDORF, CHARLES             |  |  | 2.2 NAME  | 9552 VERMOSA LANE      |                                 |  |
| STREET ADDRESS             | 1350 E. NEWPORT CENTER DR., #200 |  |  | 2.3 STREET ADDRESS                                    | TAMARAC FL 33321       |                                 |  |
| CITY-ST-ZIP                | DEERFIELD BEACH FL               |  |  | 2.4 CITY-ST-ZIP                                       |                        |                                 |  |
| TITLE                      | DST                              | <input checked="" type="checkbox"/> DELETE |  | 3.1 TITLE   | PAPPAS, PETER          | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       | HOLM, DRUSILLA                   |  |  | 3.2 NAME  | 5828 N. PLUM BAY PKWY  |                                 |  |
| STREET ADDRESS             | 1350 E. NEWPORT CENTER DR. #200  |  |  | 3.3 STREET ADDRESS                                    | TAMARAC FL 33321       |                                 |  |
| CITY-ST-ZIP                | DEERFIELD BEACH FL               |  |  | 3.4 CITY-ST-ZIP                                       |                        |                                 |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE            |  | 4.1 TITLE   | MOLODOWITZ, JOSEPH     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME                       |                                  |  |  | 4.2 NAME  | 6009 BLACK PLUM CT     |                                 |  |
| STREET ADDRESS             |                                  |  |  | 4.3 STREET ADDRESS                                    | TAMARAC, FL 33321      |                                 |  |
| CITY-ST-ZIP                |                                  |  |  | 4.4 CITY-ST-ZIP                                       |                        |                                 |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE            |  | 5.1 TITLE   |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       |                                  |  |  | 5.2 NAME  |                        |                                 |  |
| STREET ADDRESS             |                                  |  |  | 5.3 STREET ADDRESS                                    |                        |                                 |  |
| CITY-ST-ZIP                |                                  |  |  | 5.4 CITY-ST-ZIP                                       |                        |                                 |  |
| TITLE                      |                                  | <input type="checkbox"/> DELETE            |  | 6.1 TITLE   |                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME                       |                                  |  |  | 6.2 NAME  |                        |                                 |  |
| STREET ADDRESS             |                                  |  |  | 6.3 STREET ADDRESS                                    |                        |                                 |  |
| CITY-ST-ZIP                |                                  |  |  | 6.4 CITY-ST-ZIP                                       |                        |                                 |  |

14. 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 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:

*Michael Stern*

CR2E037 (10/97)