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Apr 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N93000005522 (8)**

1. Corporation Name

PLUM HARBOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0455834

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 checked="" 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	HOLTZENDORF, CHARLES	
STREET ADDRESS	1350 E NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	DST	<input checked="" 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 IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STERN, MICHAEL	
1.3 STREET ADDRESS	9552 VERMOSA LANE	
1.4 CITY-ST-ZIP	TAMARAC FL 33321	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MOLODOWITZ, JOSEPH	
2.3 STREET ADDRESS	6009 BLACK PLUM CT	
2.4 CITY-ST-ZIP	TAMARAC, FL 33321	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRAY, CHRISTINE	
3.3 STREET ADDRESS	5880 S. GOLDEN BEAUTY LANE	
3.4 CITY-ST-ZIP	TAMARAC, FL 33321	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

[Handwritten Signature]

CP2E037 (10/97)