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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005523

1. Corporation Name

THE PLUMS MASTER ASSOCIATION, INC.

Principal Place of Business

951 BROKEN SOUND PWY
250
BOCA RATON FL 33487
US

Mailing Address

951 BROKEN SOUND PWY
250
BOCA RATON FL 33487
US



* 3 334437-90012-21

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/08/1993

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

9. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICICES, INC.
951 BROKEN SOUND PWY
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, BERNARD	1.2 NAME	
STREET ADDRESS	9893 N GRAND DUKE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, MICHAEL	2.2 NAME	DVP STERN, MICHAEL
STREET ADDRESS	9552 VERMOSA LANE	2.3 STREET ADDRESS	9552 VERMOSA LANE N.
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPAS, PETER	3.2 NAME	DP PAPPAS, PETER
STREET ADDRESS	5828 N PLUM BAY PKWY	3.3 STREET ADDRESS	5828 N. PLUM BAY PKWY
CITY-ST-ZIP	TAMARAC FL 33321	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOLODOWITZ, JOSEPH	4.2 NAME	DT GATEMAN, BEVERLY
STREET ADDRESS	6009 BLACK PLUM CT	4.3 STREET ADDRESS	5856 N. PLUM BAY PKWY
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DS REED, TRUDY
STREET ADDRESS		5.3 STREET ADDRESS	5851 KELSEY LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMARAC, FL 33321
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/31/99 561-9947788

CR2E037 (1/98)