

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000004195

1. Corporation Name

PLANTATION PARK EAST HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

375 NW 48TH AVENUE  
PLANTATION FL 33317

Mailing Address

375 NW 48TH AVENUE  
PLANTATION FL 33317

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90116 027 \*\*\*\*61.25



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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/21/1998

4. FEI Number

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

EWERS, OSWALD D  
375 NW 48TH AVENUE  
PLANTATION FL 33317

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 PD  
NAME EWERS, OSWALD  
STREET ADDRESS 375 NW 48TH AVENUE  
CITY-ST-ZIP PLANTATION FL 33317

TITLE VD  
NAME SMITH, KINGSLEY  
STREET ADDRESS 4540 NW 4TH COURT  
CITY-ST-ZIP PLANTATION FL 33317

TITLE TD  
NAME LEVY, DELSIE T  
STREET ADDRESS 4324 N.W. 2ND STREET  
CITY-ST-ZIP PLANTATION FL 33317

TITLE SD  
NAME JOHNSON, STAN  
STREET ADDRESS 4891 NW 6TH STREET  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D  
NAME BAKER, SHIRLEY  
STREET ADDRESS 4670 NW 4TH COURT  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D  
NAME STAHL, ROLF  
STREET ADDRESS 4724 NW 3RD COURT  
CITY-ST-ZIP PLANTATION FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Oswald D Ewers 4/24/99 (954) 584 3725*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)