

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005522

1. Entity Name

PLUM HARBOR HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90020 014 ****61.25

Principal Place of Business

Mailing Address

951 BROKEN SOUND PWY
250
BOCA RATON FL 33487
US

951 BROKEN SOUND
250
BOCA RATON FL 33487-3506
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0455834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME STERN, MICHAEL
STREET ADDRESS 9552 VERMOSA LANE
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
NAME STERN, MICHAEL
STREET ADDRESS 9552 VERMOSA LANE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE DVP ☐ Delete
NAME REED, TRUDY
STREET ADDRESS 5851 KELSEY LANE
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
NAME REED, TRUDY
STREET ADDRESS 5851 KELSEY LANE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE DS ☐ Delete
NAME DORRINGTON, SCOTT
STREET ADDRESS 9470 BRADSHAW LANE
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☒ Change ☐ Addition
NAME DORRINGTON, SCOTT
STREET ADDRESS 9470 BRADSHAW LANE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE DT ☒ Delete
NAME LA FARGUE, DINA
STREET ADDRESS 9471 PLUM HARBOR CIR
CITY-ST-ZIP TAMARAC FL 33321

TITLE DS ☐ Change ☒ Addition
NAME FRANK, MARSHALL
STREET ADDRESS 5920 FRENCH PLUM LANE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

CR2E037 (9/99)