

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90051 003 ****61.25

DOCUMENT # N93000005523

1. Entity 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 33487-3506
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

65-0455826

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

Name

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

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DV	STERN, MICHAEL	9552 VERMOSA LANE	TAMARAC FL 33321	<input checked="" type="checkbox"/>
DP	PAPAS, PETER	5828 N PLUM BAY PKWY	TAMARAC FL 33321	<input type="checkbox"/>
DT	GATEMAN, BEVERLY	5856 N PLUM BAY PKWY	TAMARAC FL 33321	<input type="checkbox"/>
DS	REED, TRUDY	5851 KELSEY LANE	TAMARAC FL 33321	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	GATEMAN, BEVERLY	5856 N. PLUM BAY PKWY	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	REED, TRUDY	5851 KELSEY LANE	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DTS	THOMAS, RODGER	9460 BRADSHAW LANE	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)