

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90210 012 \*\*\*\*61.25

434

**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  
 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

**COMMUNITY ASSOCIATION SERVICICES, INC.  
 951 BROKEN SOUND PWY  
 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 **PAPAS, PETER**  
 STREET ADDRESS **5828 N PLUM BAY PKWY**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD VINCENT IAMPIERI** ☐ Change ☒ Addition  
 NAME **9909 N. GRAND DUKE CIR**  
 STREET ADDRESS **TAMARAC, FL 33324**  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **GATEMAN, BEVERLY**  
 STREET ADDRESS **5856 N PLUM BAY PKWY**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **2nd VD SCOTT DORRINGTON** ☐ Change ☒ Addition  
 NAME **9470 BRADSHAW LANE**  
 STREET ADDRESS **TAMARAC, FL 33321**  
 CITY-ST-ZIP

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

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

TITLE **DTS** ☐ Delete  
 NAME **THOMAS, ROGER**  
 STREET ADDRESS **9460 BRADSHAW LANE**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **1st VD ROGER THOMAS** ☒ Change ☐ Addition  
 NAME **9460 BRADSHAW LANE**  
 STREET ADDRESS **TAMARAC, FL 33324**  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E037 (10/00)