

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91011 020 \*\*\*\*61.25

**DOCUMENT # N50737**

1. Entity Name

**PLANTATION HOME OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**8949 N.W. 9TH PLACE  
PLANTATION FL 33324  
US**

Mailing Address

**8949 N.W. 9TH PLACE  
PLANTATION FL 33324  
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 **65-0368584**

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

**ADAMS, DANIEL L  
600 PETUNIA DR  
PLANTATION FL 33317**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RAMOS, ARNOLD</b>	
STREET ADDRESS	<b>5681 S.W. 9TH STREET</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HOUSTON, JAMES E.</b>	
STREET ADDRESS	<b>6201 BANYAN TERRACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HACKETT, PAM</b>	
STREET ADDRESS	<b>8949 N.W. 9TH PLACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HACKETT, PAM</b>	
STREET ADDRESS	<b>8949 NW 9TH PLACE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EMRICH, ELMER</b>	
STREET ADDRESS	<b>6192 S.W. 2ND COURT</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MILLS, ROBERT</b>	
STREET ADDRESS	<b>400 NW 70TH AVE #210</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **ADAMS, DANIEL L** **4/4/03** **954-472**

CR2E037 (10/02)