

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90035 044 ****61.25

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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 **65-0455827**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMMUNITY ASSOCIATION SERVICES, 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. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DVP	BITTER, RAYMOND	5852 N PLUM BAY PARKWAY	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DP	THOMAS, RODGER	9460 BRADSHAW LANE	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
2VD	DORRINGETON, SCOTT	9470 BRADSHAW LN	FORT LAUDERDALE FL 33321	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	STAUFFER, JOSEPH	5940 E GRAND LAKE CIRCLE	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	PETERS, RONDELL	5884 N PLUM BAY PKWY	TAMARAC FL 33321	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

DS
BYNES, ERNEST
9915 N. GRAND LAKE CIR
TAMARAC, FL 33321

CR2E037 (10/02)

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 of Rodger Thomas 4/27/03