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

## DOCUMENT # N93000005523

1. Entity Name

THE PLUMS MASTER ASSOCIATION, INC.



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

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

				1						
Principal Pla	ce of Business	Maili	ng Address							
951 BROKEN SOUND PWY 250 BOCA RATON FL 33487 US			951 BROKEN SOUND PWY							
		250 BOCA	DATON EL 29402							
		US	BOCA RATON FL 33487 US			i 40014101 010 1014	1 <b>1</b> 11891 <b>40</b> 111 <b>40</b> 111 <b>14</b> 193 <b>44</b> )	I ABIDI BUAN BIIKA	72 <b>888</b> (10) 1 <b>88</b> 1	
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			ity & State			1 00 0400021			applied For lot Applicable	}
Zip	Country	Z	ip	Country		5. Certificate of Sta	tus Desired	\$8.75 Ac	dditional	
	6. Name and Address of Curr	rent Register	ed Agent			7. Name and Addre	ess of New Register			ł
	# <del>******                               </del>	. "		Name	· · · · · · · · · · · · · · · · · · ·					
<ul> <li>COMMUNITY-ASSOCIATION-SERVGICES, INC.</li> <li>951 BROKEN SOUND PWY</li> </ul>			Street Address			(P.O. Box Number is Not Acceptable)				-
250 BOCA RATON FL 33487										
BOOK PATON PE 30407				City			F	Zip Cor	de	
8. The above	e named entity submits this stateme	nt for the pur	cose of changing its	registered office	or registere	ed agent, or both, in th	ne State of Florida. Ta	am familiar with	, and accept	l
the obliga	tions of registered agent.									
SIGNATURE										}
SIGNATURE	Signature, typed or printed name of registered a	agent and title if ap	plicable. (NOTE	: Registered Agent sign	ture required	when reinstating)	DAT	E		ĺ
****										ĺ
FILE NOW: FEE IS \$61.25			9. Election Campaign		_	\$5.00 May Be		Make Check Payable to		
	•		Trust Fund C	ontribution.		Added to Fees	Florida Dep	artment of	State	
₹ <b>0</b> .	OFFICERS AND	DIRECTORS	}	11.	Α	L ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS II	N 10	
TITLE	DVP		☐ Delete	TITLE	T	•		☐ Change	Addition	٤
NĄME	RITTER, RAYMOND	_		NAME						2
STREET ADDRESS	5852 N PLUM BAY PARKWAY			STREET ADDRESS	1					5
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP	ļ					Ĭ
TITLE	DP DODOED		☐ Delete	TITLE	1			Change	Addition	à
NAME STREET ADDRESS	THOMAS, RODGER 9460 BRADSHAW LANE			NAME						
CITY-ST-ZIP	TAMARAC FL 33321			STREET ADDRESS CITY-ST-ZIP						
TITLE	2VD 2VD		Delete -	- TITLE	ļ	<u>_·</u> ·.		☐ Change	☐ Addition	
NAME	DORRINGETON, SCOTT		Light Delete	NAME		~•			M MODITION	
STREET ADDRESS	9470 BRADSHAW LN			STREET ADDRESS						
CITY-ST-ZIP	FORT LAUDERDALE FL 33321	1		CITY-ST-ZIP						
TITLE	DT		☐ Delete	TITLE				Change	Addition	
NAME	STAUFFER, JOSEPH			NAME					<i>'</i> —	
STREET ADDRESS	5940 E GRAND DAKE CIRCLE			STREET ADDRESS	İ					
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP						
TITLE	DS DONDELL		Delete	TITLE	DS E	PYNES, ER 1915 N. G TAMARAC,	NEST	☐ Change	Addition	
NAME OTDEET ADDRESS	PETERS, RONDELL			NAME	"	YNES	LAND DU	RE CIR		
STREET ADDRESS CITY-ST-ZIP	5884 N PLUM BAY PKWY			STREET ADDRESS CITY-ST-ZIP	9	915 N. G	FI 2221	,		
	TAMARAC FL 33321				-	1 MAKITY	F C 33321	<u> </u>		
TITLE . NAME			☐ Delete	: TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP	]					
		/ 1		<b>.</b>	ı					

12. I hereby certify that the information supplied with this filling 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 proof 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 of trusfee empowered to execute this report as required by Chanter 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:** 

4/27/03