

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

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

04-29-2003 90035 046 \*\*\*\*61.25

**DOCUMENT # N93000005522**

1. Entity Name

**PLUM HARBOR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**951 BROKEN SOUND PWY  
250  
BOCA RATON FL 33487  
US**

Mailing Address

**951 BROKEN SOUND  
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 **65-0455834**

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

**MESSINGER, JOEL**

**951 BROKEN SOUND PWY  
SUITE 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 **1VD** ☐ Delete  
NAME **THOMAS, RODGER**  
STREET ADDRESS **9460 BRADSHAW LANE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD** ☒ Change ☐ Addition  
NAME **THOMAS, RODGER**  
STREET ADDRESS **9460 BRADSHAW LANE**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **TD** ☐ Delete  
NAME **DOMINO, JOSEPH**  
STREET ADDRESS **9631 SANTA ROSA DR**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☒ Change ☐ Addition  
NAME **DOMINO, JOSEPH**  
STREET ADDRESS **9631 SANTA ROSA DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DP** ☐ Delete  
NAME **DORRINGTON, SCOTT**  
STREET ADDRESS **9470 BRADSHAW LANE**  
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **D** ☐ Delete  
NAME **ROMANO, JOSEPH**  
STREET ADDRESS **5802 KELSEY LANE**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **MORRISON, RUSSELL**  
STREET ADDRESS **9471 SANTA ROSA DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **SD** ☒ Delete  
NAME **WORMAN, ROBERT**  
STREET ADDRESS **6012 PLUM ISLE WAY**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☐ Change ☒ Addition  
NAME **BROWN, SONYA**  
STREET ADDRESS **6011 PLUM ISLE WAY**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **LAUDERDALE, CALL**  
STREET ADDRESS **9481 BRADSHAW LANE**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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* 4/23/03

CR2E037 (10/02)