

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716931

1. Entity Name

THE PLANTATION ACRES HOME AND LAND OWNERS IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

880 NW 116TH AVE
PLANTATION FL 33325

Mailing Address

9715 W BROWARD BLVD #100
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

NOT APPLICABLE

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

GEORGE, JOHN P.A.

315 SE 7TH ST

SUITE 200

FT LAUDERDALE FL 33301

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 PD
NAME GEORGE, JOHN G
STREET ADDRESS 880 NW 116TH AVE
CITY-ST-ZIP PLANTATION FL 33325 ☐ Delete

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

TITLE VPD
NAME PARENTE, EILEEN
STREET ADDRESS 1131 NW 118TH AVENUE
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

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

TITLE SD
NAME MARY LOSHIN
STREET ADDRESS 11430 NW 18TH ST
CITY-ST-ZIP PLANTATION FL 33323 ☒ Delete

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

TITLE TD
NAME ANTHONY E FENECH
STREET ADDRESS 1201 NW 118TH AVE
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

ANTHONY E FENECH

2-5-02



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)