# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 12, 2001 8:00 am**
**Secretary of State**
04-12-2001 90180 005 ****61.25

DOCUMENT # 742054

1. Entity Name

THE PLAZAS MAINTENANCE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5200 TOWN CENTER CIR<br>306<br>BOCA RATON FL 33486<br>US | 5200 TOWN CENTER CIR<br>306<br>BOCA RATON FL 33486<br>US |

D0035197

DO NOT WRITE IN THIS SPACE

| 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 59-1892913 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

VALDES-FAULI CORP. SERVICES. INC.
ONE BISCAYNE TOWER-3400
2 S. BISCAYNE BLVD.
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GEISEN, JOHN B.<br>5355 TOWN CENTER RD. #701<br>BOCA RATON FL 33486 | ☒ Delete | PD<br>R. MICHAEL ERICKSON<br>5355 TOWN CENTER RD # 701<br>BOCA RATON FL 33486 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>BELL, KATHLEEN T.<br>5200 TOWN CENTER CIR 306<br>BOCA RATON FL 33486 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CADMUS, RICHARD L<br>5200 TOWN CENTER CIR 306<br>BOCA RATON FL 33486 | ☒ Delete | VPD<br>LAURA HILL<br>5200 TOWN CENTER CIR 306<br>BOCA RATON FL 33486 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARROLL, KEVIN M<br>5295 TOWN CENTER ROAD, #200<br>BOCA RATON FL 33486 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D<br>SARA CLOUTTER-LOWE<br>624 NW 53RD STREET # 100<br>BOCA RATON FL 33487 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | D.<br>KEVIN CARROLL<br>5215 TOWN CENTER PLAZA #200<br>BOCA RATON FL 33486 | ☐ Change ☑ Addition |

CR2E037 (10/00)

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 REQUIRED 4/6/01 (561) 361-9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #