

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

FILED

95 APR 17 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747106 (3)

1. Corporation Name

THE PLUM BUILDING CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/08/1979	04/08/1994
4. FEI Number	Applied For Not Applicable
59-2015952	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
101 SE SIXTH AVE DELRAY BEACH FL 33483-5224		101 SE SIXTH AVE DELRAY BEACH FL 33483-5224	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country		
24	25		
29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PLUM, WILLIAM JR. 101 SE SIXTH AVE DELRAY BEACH FL		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GATTO, BARBARA	12 NAME	700001458997
STREET ADDRESS	101 SE SIXTH AVE	13 STREET ADDRESS	-04/18/95--01070--011
CITY - ST - ZIP	DELRAY BEACH FL	14 CITY - ST - ZIP	***130.00 ***130.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PLUM, WILLIAM M. JR.	22 NAME	
STREET ADDRESS	101 SE SIXTH AVE	23 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	24 CITY - ST - ZIP	
TITLE	STP	31 TITLE	☐ Change ☐ Addition
NAME	PIGNATO, JAMES V.	32 NAME	
STREET ADDRESS	101 SE SIXTH AVE	33 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: JAMES V. PIGNATO

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3/30/95

467-276-5921