

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

03-06-2000 90060 036 ****61.25

DOCUMENT # **747106**

1. Entity Name

THE PLUM BUILDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

101 SE SIXTH AVE
101 SE 6TH AVE SUITE A
DELRAY BEACH FL 33483-5224
US

101 SE SIXTH AVE
101 SE 6TH AVE SUITE A
DELRAY BEACH FL 33483-5261
US

00000005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2015952

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PLUM, WILLIAM JR.
101 SE SIXTH AVE
DELRAY BEACH FL FL

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: GATTO, BARBARA
STREET ADDRESS: 101 SE SIXTH AVE
CITY-ST-ZIP: DELRAY BEACH FL
 Delete

TITLE: PD
NAME: MICHAEL P. MANNING
STREET ADDRESS: 101 S.E. 6TH AVE
CITY-ST-ZIP: DELRAY BEACH FL 33483
 Change Addition

TITLE: VD
NAME: PLUM, WILLIAM M. JR.
STREET ADDRESS: 101 SE SIXTH AVE
CITY-ST-ZIP: DELRAY BEACH FL
 Delete

TITLE: VF D
NAME: JOHN ROSS ADAMS
STREET ADDRESS: 101 S.E. 6TH AVE
CITY-ST-ZIP: DELRAY BEACH, FL 33483
 Change Addition

TITLE: STP
NAME: PIGNATO, JAMES V.
STREET ADDRESS: 101 SE SIXTH AVE
CITY-ST-ZIP: DELRAY BEACH FL
 Delete

TITLE: ST
NAME: JAMES V PIGNATO
STREET ADDRESS: 101 S.E 6TH AVE
CITY-ST-ZIP: DELRAY BEACH, FL 33483
 Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
 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:

JAMES V. PIGNATO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00

Date

561-276-3821

Daytime Phone #