

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90157 003 \*\*\*\*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 33483-5224  
 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

**59-2015952**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

**MICHAEL P. MANNING**

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

**101 S.E. 6TH AVENUE, SUITE B**

**DELRAY BEACH, FLORIDA 33483**

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

*Michael Manning*

**MICHAEL P. MANNING, PRES.**

*2/5/01*

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	<input type="checkbox"/> Delete
NAME	MANNING, MICHAEL P	
STREET ADDRESS	101 SE SIXTH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, JOHN R	
STREET ADDRESS	101 SE SIXTH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PIGNATO, JAMES V.	
STREET ADDRESS	101 SE SIXTH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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*

**JAMES V. PIGNATO**

*2/5/01*

561-276-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)