

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90182 002 \*\*\*\*61.25

**DOCUMENT # 747787**

Entity Name

**PLA MOR TOWNHOUSE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6925 RIDGEWOOD AVE  
 CAPE CANAVERAL FL 32920  
 US

162 WILSON AVENUE  
 COCOA BEACH FL 32931-3934  
 US

00020599



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

59-1981006

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

HARKINS, JENNIFER  
 162 WILSON AVE  
 COCOA BEACH FL 32931

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: *Jennifer Harkins* (NOTE: Registered Agent signature required when reinstating)

2/10/00  
 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	DP FLANAGAN, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6925 RIDGEWOOD AVE CAPE CANAVERAL FL	
TITLE NAME	D CHAVARIE, STEPHEN T.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1203 EDWARDS LANE ORLANDO FL	
TITLE NAME	DT HARKINS, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	162 WILSON AVE COCOA BEACH FL	
TITLE NAME	DS CHAVARIE, MARION COTTO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1203 EDWARDS LANE ORLANDO FL	
TITLE NAME	D GRANTHAM, JERI	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	115 SUNSET DR COCOA BEACH FL	
TITLE NAME	DVP HARKINS, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	162 WILSON AVE COCOA BEACH FL	

TITLE NAME	MARK & Deborah DERNAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	134 Ocean Garden Lane Cape Canaveral, FL 32920	
TITLE NAME	DONALD FORBES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6931 Ridgewood Ave Cape Canaveral, FL 32920	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Jennifer Harkins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00  
 321-633-1801  
 Date Daytime Phone #

CR2E037 (9/99)