

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90082 042 ****61.25

DOCUMENT # 749214

1. Entity Name
PLANTATION PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7100 W. COMMERCIAL BLVD.
SUITE 107
LAUDERHILL, FL 33319**

Mailing Address
**7100 WEST COMMERCIAL BLVD
SUITE 107
LAUDERHILL, FL 33319**

20016909



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1922790

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

**AMBASSADOR COMMUNITY MGMT, INC.
7100 W. COMMERCIAL BLVD.
SUITE 107
LAUDERHILL, FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FLEITMAN, GLORIA
STREET ADDRESS 6500 CYPRESS ROAD #412
CITY-ST-ZIP PLANTATION, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME NORMAN, ALBERTA
STREET ADDRESS 6600 CYPRESS ROAD #108
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS mawner, George J.
CITY-ST-ZIP 6700 Cypress Road # 206
Plantation, FL 33317

TITLE TD ☐ Delete
NAME DOUECK, ED
STREET ADDRESS 6500 CYPRESS ROAD # 510
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME CIANCIO, VIRGINIA
STREET ADDRESS 6700 CYPRESS ROAD, #410
CITY-ST-ZIP PLANTATION, FL

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS Norman, Albertu
CITY-ST-ZIP 6600 Cypress Road #108
Plantation, FL 33317

TITLE VPD ☐ Delete
NAME FISCHER, MURRAY
STREET ADDRESS 6700 CYPRESS RD #401
CITY-ST-ZIP PLANTATION, FL 33317

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Murray Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #