## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Mar 17, 2003 8:00 am Secretary of State **DOCUMENT # 767051** 1. Entity Name 03-17-2003 90688 041 \*\*\*\*61.25 PLANTATION FAIRWAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9301 W FT ISLAND TRL 5803 GREENVILLE AVENUE CRYSTAL RIVER FL 34429 DALLAS TX 75206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2451545 Applied For Not Applicable Ζiρ Country\_ 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, W.T. Street Address (P.O. Box Number is Not Acceptable) 9030 W FORT ISLAND TRAIL #5 CRYSTAL RIVER FL 34429 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOSER PAUL NAME 5803 GREENVILLE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dallas TX CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition NAME STOESSNER, K.F., JR. NAME STREET ADDRESS 5803 GREENVILLE AVE. STREET ADDRESS. CITY-ST-7IP DALLAS TX CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME HUGHES, VESTER NAME STREET ADDRESS 5803 GREENVILLE AVE. STREET ADDRESS CITY-ST-ZIP DALLAS TX 75206 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

Change

☐ Addition

**FILED**