# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 11, 2007 8:00 am**
**Secretary of State**
09-11-2007 90005 038 ****61.25

DOCUMENT # N03000008409

1. Entity Name
PARK PLACE AT PLANTATION COMMUNITY ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

40132013

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4373 ROCK ISLAND ROAD<br>Suite, Apt. #, etc. | 4373 ROCK ISLAND ROAD<br>Suite, Apt. #, etc. |
| City & State: LAUDERHILL FLORIDA | City & State: LAUDERHILL FLORIDA |
| Zip: 33319 Country: USA | Zip: 33319 Country: USA |

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CAMPBELL PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable): 4373 ROCK ISLAND ROAD

City: LAUDERHILL FL Zip Code: 33319

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: MARC GLOGOWER 8/3/07
Signature, typed or printed name of registered agent and title if applicable (Required Registered Agent's signature required when reinstating) DATE

**FEE IS $61.25**
Initial or Amended UBR

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

| | |
|---|---|
| TITLE | PRESIDENT |
| NAME | PATTY DA SILVA |
| STREET ADDRESS | 673 NW 42ND AVE |
| CITY-ST-ZIP | PLANTATION FLORIDA 33317 |
| TITLE | VP/TRES |
| NAME | LOKO MORRIL WINDL |
| STREET ADDRESS | 773 NW 42ND AVE |
| CITY-ST-ZIP | PLANTATION FLORIDA 33317 |
| TITLE | SEC |
| NAME | KAVA STEWARTSON |
| STREET ADDRESS | 765 NW 42ND AVE |
| CITY-ST-ZIP | PLANTATION FLORIDA 33317 |
| TITLE | DIR |
| NAME | OMAR KREM |
| STREET ADDRESS | 769 NW 42ND AVE |
| CITY-ST-ZIP | PLANTATION FLORIDA 33317 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY DA SILVA 8/3/07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #