2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N31139

1. Entity Name
PLUM PARK OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
141 NW 20TH ST. G-122 BOCA RATON, FL 33431	141 NW 20TH ST. G-122 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

03072003 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0188662
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARGOLIS, DAVID R
141 NW 20TH ST.
G-122
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARGOLIS, DAVID R
STREET ADDRESS	141 NW 20TH ST., G-122
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VDT
NAME	MARGOLIS, ALAN W
STREET ADDRESS	141 NW 20TH ST., G-122
CITY-ST-ZIP	BOCA RATON, FL
TITLE	SD
NAME	MARGOLIS, BELLE
STREET ADDRESS	141 NW 20TH ST., G-122
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/04-80001-005 61.25

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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: David R Margolis David R Margolis 5/17/04 5613383426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #