


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N31139 1. Entity Name PLUM PARK OF BOCA RATON CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 141 NW 20TH ST. G-122 BOCA RATON, FL 33431	Mailing Address 141 NW 20TH ST. G-122 BOCA RATON, FL 33431
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02152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0188662	Applied For Not Applicable
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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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**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGOLIS, DAVID R 141 NW 20TH ST., G-122 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT MARGOLIS, ALAN W 141 NW 20TH ST., G-122 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARGOLIS, BELLE 141 NW 20TH ST., G-122 BOCA RATON, FL 33431
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04/03/07-80068-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/07