

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90101 043 ****61.25

0040058

DOCUMENT # N50737

1. Entity Name

PLANTATION HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8949 N.W. 9TH PLACE
 PLANTATION FL 33324
 US

8949 N.W. 9TH PLACE
 PLANTATION FL 33324
 US

939058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0368584

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

ZEI, WILLIAM
 707 S.W. 3RD AVENUE
 FIFTH FLOOR
 FORT LAUDERDALE FL 33316

Name **DANIEL L. ADAMS**

Street Address (P.O. Box Number is Not Acceptable)

600 PETUNIA DRIVE

City **PLANTATION** FL Zip Code **33317**

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.

SIGNATURE *Daniel L Adams*

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

(NOTE: Registered Agent signature required when reinstating)

3/30/01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **RAMOS, ARNOLD**
 STREET ADDRESS **5681 S.W. 9TH STREET**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **V** ☐ Delete
 NAME **HOUSTON, JAMES E.**
 STREET ADDRESS **6201 BANYAN TERRACE**
 CITY-ST-ZIP **PLANTAAATION FL**

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

TITLE **V** ☐ Delete
 NAME **HACKETT, PAM**
 STREET ADDRESS **8949 N.W. 9TH PLACE**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **ST** ☐ Delete
 NAME **HACKETT, PAM**
 STREET ADDRESS **8949 NW 9TH PLACE**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **D** ☐ Delete
 NAME **EMRICH, ELMER**
 STREET ADDRESS **6192 S.W. 2ND COURT**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE **D** ☐ Delete
 NAME **MILLS, ROBERT**
 STREET ADDRESS **400 NW 70TH AVE #210**
 CITY-ST-ZIP **PLANTATION FL**

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: *Pam Hackett* **HACKETT** 3/30/01 561-279-1616
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E037 (10/00)