

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91011 020 ****61.25

DOCUMENT # N50737

1. Entity Name

PLANTATION HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0368584**

Applied For

Not Applicable

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

**ADAMS, DANIEL L
600 PETUNIA DR
PLANTATION FL 33317**

Name

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

City

FL

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

FILE NOW: FEE IS \$61.25

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

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	V	☐ Delete
NAME	HOUSTON, JAMES E.	
STREET ADDRESS	6201 BANYAN TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	☐ Delete
NAME	HACKETT, PAM	
STREET ADDRESS	8949 N.W. 9TH PLACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	ST	☐ Delete
NAME	HACKETT, PAM	
STREET ADDRESS	8949 NW 9TH PLACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ Delete
NAME	EMRICH, ELMER	
STREET ADDRESS	6192 S.W. 2ND COURT	
CITY-ST-ZIP	PLANTATION FL	
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	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

[Signature] **HACKETT** 4/4/03 954-4724

CR2E037 (10/02)