

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90226 034 \*\*\*\*61.25

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # N93000005520</b><br>1. Entity Name<br><b>PLUM BAY HOMEOWNERS ASSOCIATION, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>951 BROKEN SOUND PWY<br/>250<br/>BOCA RATON, FL 33487 US</b>  |  |  | Mailing Address<br><b>951 BROKEN SOUND<br/>250<br/>BOCA RATON, FL 33487 US</b>   |   |  |
| 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<br><b>65-0460612</b>  |  |
|   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>COMMUNITY ASSOCIATION SERVICES INC.<br/>951 BROKEN SOUND PWY.<br/>SUITE 250<br/>BOCA RATON, FL 33487</b>   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>ST<br/>TAPPER, WILLIAM<br/>9203 N GRAND DUKE CIRCLE<br/>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>Raymond Ritter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>5852 N. Plum Bay Pkwy<br/>Tamarac, FL 33321</b>     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>RITTER, RAYMOND<br/>5852 N PLUM BAY PKWY<br/>TAMARAC, FL 33321</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>Bynes, Ernest <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>9915 N. Grand Duke Cir<br/>Tamarac, FL 33321</b>    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>IAMPIERI, VINCENT <input checked="" type="checkbox"/> Delete<br/>9909 N GRAND DUKE CIRCLE<br/>TAMARAC, FL 33321</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST<br/>Terrible Fred <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/>9851 Red Heart Lane<br/>Tamarac, FL 33321</b>       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>TD<br/>PETERS, RONDELL <input checked="" type="checkbox"/> Delete<br/>5884 N. PLUM BAY PKWY<br/>TAMARAC, FL 33321</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Dir<br/>Tupper, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br/>9803 N. Grand Duke Cir<br/>Tamarac, FL 33321</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T<br/>STAUFFER, JOSEPH <input checked="" type="checkbox"/> Delete<br/>5840 E. GRAND DUKE CIR<br/>TAMARAC, FL 33321</b>    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Dir<br/>Lee, Larry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br/>9923 N. Grand Duke Cir<br/>Tamarac, FL 33321</b>      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>BYNES, ERNEST <input type="checkbox"/> Delete<br/>9915 N. GRAND DUKE CIR<br/>TAMARAC, FL 33321</b>                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> _____ <b>4/20/05</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |   |  |