


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90291 046 \*\*\*\*61.25

<b>DOCUMENT # N93000005520</b> 1. Entity Name <b>PLUM BAY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>951 BROKEN SOUND PWY 250 BOCA RATON, FL 33487 US</b>			Mailing Address <b>951 BROKEN SOUND 250 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>COMMUNITY ASSOCIATION SERVICES INC. 951 BROKEN SOUND PWY. SUITE 250 BOCA RATON, FL 33487</b>				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D <b>TUPPER, WILLIAM</b> <b>9803 N GRAND DUKE CIR</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>William Tupper</b> <b>9803 N. Grand Duke Circle</b> <b>Tamarac, FL 33321</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RITTER, RAYMOND</b> <b>5852 N PLUM BAY PKWY</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>TERRIBILE, FRED</b> <b>9851 RED HEART LANE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Fred Terrible</b> <b>9851 Red Heart Lane</b> <b>Tamarac, FL 33321</b>	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LEE, LARRY</b> <b>9923 N GRAND DUKE CIRCLE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>BY</del> <b>BYNES, ERNEST</b> <b>9915 N. GRAND DUKE CIR</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Mia Coughlin</b> <b>5760 S. Plum Bay Pkwy</b> <b>Tamarac, FL 33321</b>	
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40010000



02032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0460612**

Applied For  
Not Applicable

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

4/17/06

957 721 0580

Date

Daytime Phone #