

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000005522 (8)**  
1. Corporation Name

**PLUM HARBOR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
951 BROKEN SOUND PWY 250 BOCA RATON FL 33487 US	951 BROKEN SOUND 250 BOCA RATON FL 33487 US

3. Date Incorporated or Qualified <b>12/08/1993</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0455834</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25 Country	30 Country

9. Name and Address of Current Registered Agent

**MESSINGER, JOEL**  
**951 BROKEN SOUND PWY**  
**SUITE 250**  
**BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE
NAME	REEGER, STEVEN C	1.2 NAME
STREET ADDRESS	1350 E. NEWPORT CENTER DR., #200	1.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP
TITLE	DV	2.1 TITLE
NAME	CHRISTEWSEW, TOM	2.2 NAME
STREET ADDRESS	1350 E. NEWPORT CENTER DR.	2.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP
TITLE	DST	3.1 TITLE
NAME	HOLM, DRUSILLA	3.2 NAME
STREET ADDRESS	1350 E. NEWPORT CENTER DR., #200	3.3 STREET ADDRESS
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Reeger* **STEVEN REEGER** **4-23-96**

CR2E037 (12/95)