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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morán  
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 951 BROKEN SOUND  
250 250  
BOCA RATON FL 33487 BOCA RATON FL 33487-3513  
US US

3. Date Incorporated or Qualified 12/08/1993 3a. Date of Last Report 05/20/1996  
4. FEI Number 65-0455834 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 25 29 30

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 FL 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 rehashing) DATE

12. OFFICERS AND DIRECTORS  
TITLE DP DELETED  
NAME REEGER, STEVEN C  
STREET ADDRESS 1350 E. NEWPORT CENTER DR., #200  
CITY-ST-ZIP DEERFIELD BEACH FL 33442  
TITLE DV DELETED  
NAME CHRISTEWSSEW, TOM  
STREET ADDRESS 1350 E. NEWPORT CENTER DR.  
CITY-ST-ZIP DEERFIELD BEACH FL  
TITLE DST DELETED  
NAME HOLM, DRUSILLA  
STREET ADDRESS 1350 E. NEWPORT CENTER DR., #200  
CITY-ST-ZIP DEERFIELD BEACH FL 33442  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE DV Change Addition  
2.2 NAME Charles Holtzendorf  
2.3 STREET ADDRESS 1350 E. Newport Center Dr.  
2.4 CITY-ST-ZIP Deerfield Beach, FL  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 [Handwritten Signature]

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