

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90020 014 ****61.25

DOCUMENT # N93000005522

1. Entity 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 33487-3506
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0455834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **STERN, MICHAEL**
 STREET ADDRESS **9552 VERMOSA LANE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** Change Addition
 NAME **STERN, MICHAEL**
 STREET ADDRESS **9552 VERMOSA LANE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DVP** Delete
 NAME **REED, TRUDY**
 STREET ADDRESS **5851 KELSEY LANE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **DT** Change Addition
 NAME **REED, TRUDY**
 STREET ADDRESS **5851 KELSEY LANE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DS** Delete
 NAME **DORRINGTON, SCOTT**
 STREET ADDRESS **9470 BRADSHAW LANE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **DP** Change Addition
 NAME **DORRINGTON, SCOTT**
 STREET ADDRESS **9470 BRADSHAW LANE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DT** Delete
 NAME **LA FARGUE, DINA**
 STREET ADDRESS **9471 PLUM HARBOR CIR**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **DS** Change Addition
 NAME **FRANK MARSHALL**
 STREET ADDRESS **5920 FRENCH PLUM LANE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)