

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90095 008 ****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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0455834

Applied For

Not Applicable

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

TITLE Change Addition
 NAME **1st VD RODGER, THOMAS**
 STREET ADDRESS **9460 BRADSHAW LANE**
 CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE Change Addition
 NAME **and VD JOSEPH DOMINGO**
 STREET ADDRESS **9631 SANTA ROSA DR**
 CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE Change Addition
 NAME **TD JOSEPH ROMANO**
 STREET ADDRESS **5802 KELSEY LANE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE Delete
 NAME **DS FRANK, MARSHALL**
 STREET ADDRESS **5920 FRENCH PLUM LN**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE Change Addition
 NAME **SD ROBERT WORMAN**
 STREET ADDRESS **6012 PLUM ISLE WAY**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D URIEL SAENZ**
 STREET ADDRESS **5810 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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

CR2E037 (10/00)