

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90030 025 ****61.25

DOCUMENT # N93000005522

1. Entity Name

PLUM HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

551 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

4. FEI Number

65-0455834

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	1VD	<input type="checkbox"/> Delete
NAME	THOMAS, RODGER	
STREET ADDRESS	9460 BRADSHAW LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	2VD	<input type="checkbox"/> Delete
NAME	DOMINO, JOSEPH	
STREET ADDRESS	9631 SANTA ROSA DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DORRINGTON, SCOTT	
STREET ADDRESS	9470 BRADSHAW LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROMANO, JOSEPH	
STREET ADDRESS	5802 KELSEY LANE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WORMAN, ROBERT	
STREET ADDRESS	6012 PLUM ISLE WAY	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAENZ, URIEL	
STREET ADDRESS	5810 FRENCH PLUM LANE	
CITY-ST-ZIP	TAMARAC FL 33321	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINO, JOSEPH	
STREET ADDRESS	9631 SANTA ROSA DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORRINGTON, SCOTT	
STREET ADDRESS	9470 BRADSHAW LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, JOSEPH	
STREET ADDRESS	5802 KELSEY LANE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

CR2E037 (9/01)