2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State
04-26-2005 90132 005 ****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

03042005 Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, RODGER 9460 BRADSHAW LANE TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dir Thomas Rodger 9460 Bradshaw Lane Tamarac, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORRISON, RUSSELL 9471 SANTA ROSA DRIVE TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Morrison. Russell 9471 Santa Rosa Dr Tamarac, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROMANO, JOSEPH 5802 KELSEY LANE TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr Romano Joseph 5802 Kelsey Lane Tamarac, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROWN, SONYA 6011 PLUM ISLE WAY TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Brown Sonya 6011 Plum Isle Way Tamarac, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRONDINES, ROSEMARY 6009 PLUM ISLE WAY TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Grondines, Rosemary 6009 Plum Isle Way Tamarac, FL 33321	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Corso, Lucy 9681 Santa Rosa Drive Tamarac, FL 33321	☐ Change ☐ Addition

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: _____ 4/20/05 954-363-2459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #