

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-04-2004 90194 013 ****61.25

DOCUMENT # N93000005523 1. Entity Name THE PLUMS MASTER ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PWY 250 BOCA RATON, FL 33487 US			Mailing Address 951 BROKEN SOUND PWY 250 BOCA RATON, FL 33487 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0455827	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PWY 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	DVP RITTER, RAYMOND 5852 N PLUM BAY PARKWAY TAMARAC, FL 33321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD DORRINGTON, SCOTT 9470 BRADSHAW LN FORT LAUDERDALE, FL 33321	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BYNES, ERNEST 8915 N. GRAND DUKE CIR. TAMARAC, FL 33321	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETERS, RONDELL 5884 N PLUM BAY PKWY TAMARAC, FL 33321	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas Rodger 9460 Bradshaw Ln Tamarac, FL 33321	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sonya Brown 6011 Plum Isle Way Tamarac, FL 33321	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Romano, Joseph 5802 Kelsey Lane Tamarac, FL 33321	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William 	☐ 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: _____ President 4/22/04 954 722 3019 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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