2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N95000005096** 1. Entity Name PLANTATION COVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 145 SO. ATLANTIC AVENUE ARE CO. ATLANTIC AVENUE

FILED May 23, 2000 8:00 am Secretary of State 05-23-2000 90229 016 ****70.00

ORMOND BEACH FL 32176			ORMOND BEACH FL 32176-6620									
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2. Principal P	lace of Busine	988	3. Mailing Address									
			2345 Sand Lake Road				1 100(3)(2) 0) (1 BB::: 4#::: 4			
Suite, Apt. #, etc.			Suite Apt. #, etc. Suite 100 - Whittington:				. ::	DO NOT W	RITE IN THIS	SPACE		
City & State	е	- <u>-</u> -	<u> </u>	City & State			4. FEI Number Applied For					
		<u>_</u>	Orlando, Flori	da				59-300140	<u> </u>		t Applicable	
Zip		Country	Zip 32809	Coi	untry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
· <u></u>	6. Name	and Address of Current		<u> </u>	T		7. Name and	Address of New	Registered	Agent		
			Name s	Stepl	tephen)D Korshak, Esq.							
						Street Address (P.O. Box Number is Not Acceptable)						
PYLE, MIC		*= .										
	LE ROAD S Ona FL 321			,	2345 \$	Sand	Lake Roa	d, Suite	120		Ì	
DAT I	UNA FL 32 I	19			City Or 1	lando			FL	Zip Cod		
9. The above		aubmits this statement fo	or the purpose of changing its	regietor				in the state of f		3280	y	
8. The above	патео епшу	Submits this statement is	or the purpose or changing its	register	ed onice or i	egister	ed agent, or sou	1, 111 1110 31010 011	iorida.			
SIGNATURE .									DATE			
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signatur	e required	when reinstating)		DATE			
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	FILE	=	9. Election Campaign Trust Fund Contrib		ing 🔲		May Be		ike Check Jepärtmen	Payable to	,	
	FEE IS	\$61.25	Trace Control	QLIOII.	_	Addeo	101603		epartmen	l Or State		
10.		OFFICERS AND DI	RECTORS	11.		- /	ADDITIONS/CHA	NGES TO OFFIC	CERS AND D	IRECTORS IN	l 10	
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NAME	KULZER, J			NAN	. μ	Kulz	er, Jef	f				
STREET ADDRESS	4	RANGE AVENUE					S. Atlantic Avenue					
CITY-ST-ZIP	DELAND F	L 32720				Ormo	ond Beac	h, Fl_3	<u> 2176 </u>	☐ Change	ER Addition	
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12. Lhereby o	certify that the	information supplied wit	h this filing does not qualify fo	r the exe	emption state	ed in Se	ection 119.07(3)(i), Florida Statute	s. I further ce	ertify that the i	nformation	

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 type.

Stumbras-Sancher/27/2000

(407)

Daytime Phone #