

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 18, 2001 8:00 am
Secretary of State

04-30-2001 90352 033 *****70.00

DOCUMENT # N95000005096

1. Entity Name

PLANTATION COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

145 SO. ATLANTIC AVENUE
 ORMOND BEACH FL 32176

Mailing Address

2345 SAND LAKE ROAD
 STE 100 WHITTINGTON
 ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2345 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 100

City & State

ORLANDO FL

Zip

32809

Country

ORANGE

4. FEI Number

59-3001407

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KORSHAK, STEVEN D ESQ
 2345 SAND LAKE ROAD STE 120
 ORLANDO FL 32809

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KULZER, JEFFREY J 209 SO. ORANGE AVENUE DELAND FL 32720	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KULZER, JAMES F 187 S. ATLANTIC AVE ORMOND BEACH FL 32176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KULZER, CAROL ANN 325 RIVERSIDE DRIVE DAYTONA BEACH FL 32176	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS KULZER, JEFFREY J 145 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUMBRAS-SANCHEZ, SYLYN 2345 SAND LAKE ROAD, SUITE 100 ORLANDO FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERFURTH, CARY J 2345 SAND LAKE ROAD, SUITE 100 ORLANDO FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, THOMAS 2345 SAND LAKE ROAD, SUITE 100 ORLANDO FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPRECHT, ALFRED 2345 SAND LAKE ROAD, SUITE 100 ORLANDO FL 32809	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: SYLYN STUMBRAS-SANCHEZ **04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-859-8900

CR2E037 (10/00)