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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000728 (3)

1. Corporation Name

PLANTATION ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2000 SW 60TH AVENUE
PLANTATION FL 33317

2000 SW 60TH AVENUE
PLANTATION FL 33317

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

65-0643193

Applied For

Not Applicable

2. Principal Place of Business

21 402 LAWRENCE BUNIN PA

Suite, Apt. #, etc.

22 SUITE C

City & State

23 PLANTATION FL

Zip

24 33324

Country

25 USA

2a. Mailing Address

26 402 LAWRENCE BUNIN PA

Suite, Apt. #, etc.

27 SUITE C

City & State

28 PLANTATION FL

Zip

29 33324

Country

30 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIFFRIN, MICHAEL ESO.
SUITE 1400 - SUNTRUST INTERNATIONAL CENTRE
ONE SOUTHEAST THIRD AVE.
MIAMI FL 33131

81 Name LAWRENCE BUNIN ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
140 S. UNIVERSITY DRIVE

83

84 City PLANTATION

FL

85 Zip Code 33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

LAWRENCE BUNIN

3/2/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARJI, ISIDORO	
STREET ADDRESS	2000 SW 60TH AVENUE	
CITY - ST - ZIP	PLANTATION FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARJI, JACK	
STREET ADDRESS	2000 SW 60TH AVENUE	
CITY - ST - ZIP	PLANTATION FL 33317	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DREW, DANIEL	
STREET ADDRESS	2000 SW 60TH AVENUE	
CITY - ST - ZIP	PLANTATION FL 33317	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUNIN, LAWRENCE	
1.3 STREET ADDRESS	140 S. UNIVERSITY DRIVE, SUITE C	
1.4 CITY - ST - ZIP	PLANTATION, FL 33324	

2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALEXANDER C. MOSKOVITS	
2.3 STREET ADDRESS	FERWOOD LANE, ROUTE 1, BOX 1094	
2.4 CITY - ST - ZIP	LABELLE FL 33935	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORINNE MOSKOVITS	
3.3 STREET ADDRESS	FERWOOD LANE, ROUTE 1, BOX 1094	
3.4 CITY - ST - ZIP	LABELLE FL 33935	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* LAWRENCE BUNIN 3/2/98 954-473-1232

CR2E037 (10/97)