

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00.

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000005993**

Plantation Trace ~~HOME~~ INC.
HOMEOWNERS ASSOCIATION

Community Assn. Svc.
951 Broken Sound Pkwy #250
Boca Raton, FL 33487

AMENDMENT

DO NOT WRITE IN THIS SPACE

3. Date incorporated or received

2/20/98

2. Principal Place of Business

21 State, Apt. #

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 State, Apt. #

27 City & State

28 Zip Country

29

30

4. Fed. Number

65-0818202

5. Certificate of Status Desired

6. Election Campaign Financing
Trust Fund Contribution

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

Applied For

Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

Community Assn. Svc.
951 Broken Sound Pkwy #250
Boca Raton, FL 33487

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Kathy Resinger V.P.

5/1/98

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME PD
STREET ADDRESS Richard Feather
1350 E. Newport CTR #200
CITY, ST, ZIP Deerfield Beach, FL 33442

2. TITLE ☐ DELETE
NAME VP
STREET ADDRESS Sharon Reagle
1350 E. Newport CTR #200
CITY, ST, ZIP Deerfield Beach, FL 33442

3. TITLE ☐ DELETE
NAME STD
STREET ADDRESS Drusilla Holm
1350 E. Newport CTR #200
CITY, ST, ZIP Deerfield Beach, FL 33442

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I, the undersigned, being duly qualified to do so, hereby certify that the foregoing is a true and correct copy of the information submitted to the Secretary of State for filing. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE:

X as Feather

CR2E034 (10/97)

5/1/98