FILED

May 18, 2000 8:00 am Secretary of State

03-09-2000 90099 049 ****61.25

DO NOT WRITE IN THIS SPACE

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005993

1. Entity Name

PLANTATION TRACE HOMEOWNERS ASSOCIATION, INC.

C/O COMMUNITY ASSN. SVC. 951 BROKEN SOUND PWKY #250

2. Principal Place of Business

751 NW 132ND TERRACE

Principal Place of Business

BOCA RATON FL 33487

Suite, Apt. #, etc.

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

C/O COMMUNITY ASSN. SVC. 951 BROKEN SOUND PWKY #250 BOCA RATON FL 33487-3506

13211 NW TTH MANOR

PLANTRION FL PLANTRION PL Gooding Gounty	City & State		27 2 22								
29 33335 Scriff Cate of Stants Desired St. 75 Addisonal Page 1933 Security	PLANTATIO	ON FL	City & State '			4. FEI Number	65-0818202		-		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent RANDEL (AISON) Street Address IP() Door Number is thig and Accessorable in Name BOCA RATION FL. 33467 The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered ordice or registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. The above nemed entity submits this statement for the purpose of Changing its registered agent and registered agent or		<u> </u>			·		00 00 1000				
6. Name and Address of New Registered Agent Name and Address of New Registered Agent RAND RAND RAND RAND RAND REPRETED BEACH RAND REPRETED BEACH RAND RAND REPRETED BEACH RAND R	• .	Broward	33335			5. Certificate of	of Status Desired				
COMMUNITY ASSOCIATION SERVICES, INC. \$51 BROKEN SOUND PKY. \$250 BCCA RATON FL. 33487 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. Change Cha						7. Name and Address of New Registered Agent					
COMMUNITY ASSOCIATION SERVICES, INC. \$51 BROKEN SOUND PKY. \$250 BCCA RATON FL. 33487 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. Change Cha	_		-4 2-	Name OGNITEL OGISON							
To 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. Part	COLUMBIA	LACCOCIATION CERIBOTO IN	10								
BOCA RATON FL 33487 CITY ANTITION FL			lu.		751 NW 132ND TERRACE						
BOCA RATION FL 33487 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. Part		A SOUND PKI.									
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. Command Co		N EL 92407		City				Zip Co	ode .		
Signature Sign						TATION			333	25	
FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.25 PUSE FUND Contribution. DEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE PO Change MAddition THE REPORT CENTER DR. #200 DEERFIELD BEACH FL 33442 THE VECHARRELIA, VINCE STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 DEERFIELD	3. 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.										
FILE NOW: FEE IS \$61.25 PILE NOW: FEE IS \$61.25 PUSE FUND Contribution. DEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE PO Change MAddition THE REPORT CENTER DR. #200 DEERFIELD BEACH FL 33442 THE VECHARRELIA, VINCE STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 THE NAME STREET ADDRESS OF LAST PLANTATION FL 333355 THE STD DEERFIELD BEACH FL 33442 DEERFIELD	$P_{i} = A P_{i} + S_{i} = P_{i} + A P_{i}$										
FILE NOW: FEE IS \$61.25 PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE WARE RICHARD FEATHER TRIEF ADDRESS TO DEERHFILD BEACH FL 33442 VPD VECHARRELLA, VINCE STRET ADDRESS TILE NAME STRET ADDRESS TILE STD	SIGNATURE	randel 1	sideu	ω 3/6/00							
True: Fund Contribution. Added to Fees Department of State Department of State Department of State		gnature, typed or printed name of registered ago	int and title if applicable. (NO	TE: Registere	tered Agent signature required when reinstating) DATE						
True: Fund Contribution. Added to Fees Department of State Department of State Department of State											
True: Fund Contribution. Added to Fees Department of State Department of State Department of State	FILE NOW: 9. Election Campaign Finar					\$5.00 May Bo	Mal	ce Check i	Pavable	to	
THE MANE RICHARD FEATHER RISSO E NEWPORT CTR #200 DEERFIELD BEACH FL 33442 THE VPD WECHARRELLA, VINCE STREET ADDRESS OUTY-ST-ZIP DEERFIELD BEACH FL 33442 THE STD THE STD THE STD THE STD THE STD THE STD THE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 THE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 THE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET	, , , , , , , , , , , , , , , , , , , ,								•		
THE MANE RICHARD FEATHER RISSO E NEWPORT CTR #200 DEERFIELD BEACH FL 33442 THE VPD WECHARRELLA, VINCE STREET ADDRESS OUTY-ST-ZIP DEERFIELD BEACH FL 33442 THE STD THE STD THE STD THE STD THE STD THE STD THE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 THE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 THE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE STREET											
RICHARD FEATHER TREET ADDRESS 1350 E NEWPORT CENTER DR, #200 DEERFIELD BEACH FL 33442 TITLE WPD WECHARRELIA, VINCE STREET ADDRESS TITLE WAME STREET ADDRESS STREET	10.			11.			NGES TO OFFIC	ERS AND DIF	RECTORS		
STREET ADDRESS TSI NW 133ND TERRACE PLANTATION PL 333355 TERRET ADDRESS TSI NW 133ND TERRACE PLANTATION PL 333355 TITLE VICE PRESIDENT THE VICE TH			🔀 Oelete					D	Change	Addition	
TITLE WAME INTERED DEERFIELD BEACH FL 33442 CITY-ST-ZIP CHANGE AND A SAME AND A	L L				_	KWNDER PURSOL	TERRACE				
TITLE WPD VECHARRELLA, VINCE STREET ADDRESS STREET							22235				
VECHARRELLA, VINCE 1350 E NEWPORT CENTER DR, #200 DEERFIELD BEACH FL 33442 TITLE MAME 1350 E. NEWPORT CENTER DR. #200 DEERFIELD BEACH FL 33442 TITLE MAME 1350 E. NEWPORT CENTER DR. #200 DEERFIELD BEACH FL 33442 TITLE MAME 1350 E. NEWPORT CENTER DR. #200 DEERFIELD BEACH FL 33442 □ Delete □ Delete □ Delete □ Delete □ TITLE □ Delete □ TREASURER STREET ADDRESS CITY-ST-ZIP □ Delete □ TREASURER NAME STREET ADDRESS CITY-ST-ZIP □ Delete □ TITLE □ Delete □ TITLE □ Delete □ TREASURER NAME STREET ADDRESS CITY-ST-ZIP □ Delete □ TITLE □ Delete □ TITLE □ Delete □ TREASURER □ Change □ Addition NAME STREET ADDRESS CITY-ST-ZIP □ Delete □ TITLE □ Delete □ TREASURER □ Change □ Addition NAME STREET ADDRESS CITY-ST-ZIP □ Change □ Addition NAME NAME NAME STREET ADDRESS CITY-ST-ZIP □ Change □ Addition NAME NAME NAME NAME NAME NAME NAME NAME				_							
STREET ADDRESS CITY-ST-ZIP TITLE WAME CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP TITLE WAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE WAME STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33442 DEER			≥ Delete			VICE PRESIDENT	IFRMÂN	D	L Change	e 24 Addition	
DERFIELD BEACH FL 33442 CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE MANE STREET ADDRESS DITY-ST-ZIP DELETE JORGESS DITY-ST-ZIP JORGESS DITY-ST-ZIP DELETE JORGESS DITY-ST-ZIP			2 #200		-	ו אדד שנו ווגגו	PLACE				
TITLE NAME HOLM, DRUSILLA 1350 E. NEWPORT CENTER DR. #200 DEFRIELD BEACH FL 33442 Delete TITLE NAME NAME NITURE NAME DIRECTOR NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CI											
HOLM, DRUSILLA 1350 E. NEWPORT CENTER DR. #200 DEERFIELD BEACH FL 33442 Delete			To the late of the						Change	Addition	
STREET ADDRESS DEERFIELD BEACH FL 33442 Delete TITLE DIRECTOR RLCHARD RUSSELL DIRECTOR RICHARD RUSSELL RICHARD RUSSELL RICHARD RUSSELL DIRECTOR RICHARD RUSSELL	1 -	· · ·	- Celete			RALPH COHEN		D	□ Ollend	7.00((0))	
DEERFIELD BEACH FL 33442 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO DELETE TO DE			R. #200		_	HTF WK 16681	DRNE				
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE STREET ADDRESS CITY-ST-ZIP Delete TITLE TREASURER STREET ADDRESS CITY-ST-ZIP TREASURER STREET ADDRESS CITY-ST-ZIP Delete TITLE TREASURER SHEULIG HAN WONG STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	L.			cm	-ST-ZIP	PLANTATION	AL 33325				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 either like empowered.	TITLE		☐ Delete	TITL	E				☐ Chang	e 🔀 Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGATION FL 333355 TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGATION FL 333355 CHANGE STREET ADDRESS CITY-ST-ZIP CHANGE	NAME			NAN	4E	RICHARD RUSSA	il.	V			
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 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 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.	STREET ADDRESS			STR	EET ADDRESS	159 NW 1301	ND TERRACE				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANTATION PL 33335 CITY-ST-ZIP CHANTATION PL 33335 CITY-ST-ZIP Let be reby 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 suppliemental 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 of 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.	CITY-ST-ZIP			CITY	/-ST-ZIP	PLANTATION P	L 33325				
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 of 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.	TITLE		. Delete	nn	.E	TREASURER	- 10.10		Chang	e 🔀 Addition	
CITY-ST-ZIP Delete TITLE NAME CHANGE	NAME				_	SHEWNG HAN	WDNG				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 of 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.							MHNUR				
NAME STREET ADDRESS CITY-ST-ZIP 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 either like empowered.			_ 	CII	Y-\$1-ZIP	PLANTITION P	33303				
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.	TITLE		☐ Delete						☐ Chang	e 🔲 Addition	
CITY-ST-ZIP 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.	1	•			•						
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.	1										
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.		wife that the information are a supplied	with the file of a second second			and in Senting 440 07/01	1) Floride Ct-1: 1-	1 from to the second	ei6 , at a · □	n lafaumatia -	
of the corporation of 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.	indicated o	n this report or supplemental repor	rt is true and accurate and that	t my signa	ature shall f	have the same legal effec	t as if made unde	r oath; that I a	am an offic	er or director	
Canada De - Araraga Araraga 3/1/00	of the corpo	oration or the receiver or trustee er	npowered to execute this repo	rt as requ	ired by Cha	apter 617, Florida Statute	s; and that my nar	ne appears i	n Block 10	or Block 11 if	
SIGNATURE: DICEPARTO PECKEDURICU 2/6/00 954-424-0890	37417	Cana de	OF PARTIES A	کس کسے نہیں ا			2/1/22			**-	
	SIGNATURE: 151519991-519-6990										