

2000 UNIFORM BUSINESS REPORT (JBR)

3/9

DOCUMENT # N97000005993

1. Entity Name

PLANTATION TRACE HOMEOWNERS ASSOCIATION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

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

Principal Place of Business

Mailing Address

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

C/O COMMUNITY ASSN. SVC.
951 BROKEN SOUND PKWY #250
BOCA RATON FL 33487-350E

2. Principal Place of Business

751 NW 132ND TERRACE

Suite, Apt. #, etc.

City & State
PLANTATION FL

Zip
33325

Country
BROWARD

3. Mailing Address

13211 NW 7TH MANOR

Suite, Apt. #, etc.

City & State
PLANTATION FL

Zip
33325

Country
BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0818202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PKY.
#250
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
RANDEL RAISON
Street Address (P.O. Box Number is Not Acceptable)
751 NW 132ND TERRACE
City
PLANTATION FL Zip Code
33325

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 Randel Raison President

3/6/00

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

(NOTE: Registered Agent signature required when reinstating)

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 RICHARD FEATHER 1350 E NEWPORT CTR #200 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VECHARRELLA, VINCE 1350 E NEWPORT CENTER DR, #200 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLM, DRUSILLA 1350 E. NEWPORT CENTER DR. #200 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDEL RAISON 751 NW 132ND TERRACE PLANTATION FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MICHAEL LEMMERMAN 13211 NW 7TH PLACE PLANTATION FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RALPH COHEN 13221 NW 7TH DRNE PLANTATION FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RICHARD RUSSELL 759 NW 132ND TERRACE PLANTATION FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHEUNG HAN WONG 13211 NW 7TH MANOR PLANTATION FL 33325	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Randel Raison

3/6/00

954-424-0890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)