NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State
02-24-2002 90005 003 ****61.25

DOCUMENT # N97000005993

1. Entity Name
Plantation Trace Homeowners Association, Inc

824748

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
780 NW 132 Ave	780 NW 132 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation Fl	City & State: Plantation Fl
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. FEI Number 650818209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kathleen Davis
Street Address (P.O. Box Number is Not Acceptable): 780 NW 132 Ave
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: Kathleen Davis / President — 2/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	President	TITLE	
NAME	Kathleen Davis	NAME	
STREET ADDRESS	780 NW 132 Ave	STREET ADDRESS	
CITY-ST-ZIP	Plantation Fl 33325	CITY-ST-ZIP	
TITLE	Vice President D	TITLE	
NAME	Candace Burton	NAME	
STREET ADDRESS	776 NW 132 Ave	STREET ADDRESS	
CITY-ST-ZIP	Plantation Fl 33325	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Layda Morales D	NAME	
STREET ADDRESS	768 NW 132 Ave	STREET ADDRESS	
CITY-ST-ZIP	Plantation Fl 33325	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Gail Goris D	NAME	
STREET ADDRESS	784 NW 132 Ave	STREET ADDRESS	
CITY-ST-ZIP	Plantation, Fl 33325	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Luigi Ruffolo D	NAME	
STREET ADDRESS	762 NW 132 Ave	STREET ADDRESS	
CITY-ST-ZIP	Plantation Fl 33325	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Davis — 2/13/02 — 954-474-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #