

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005993

FILED
Jul 13, 2004
Secretary of State

Entity Name: PLANTATION TRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

780 NW 132ND AVE
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

780 NW 132ND AVE
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 65-0818202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, KATHLEEN
780 NW 132ND AVE
PLANTATION, FL 33325

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAVIS, KATHLEEN
Address: 780 NW 132ND AVE
City-St-Zip: PLANTATION, FL 33325

Title: TD () Delete
Name: GORIS, GAIL
Address: 784 NW 132ND AVE
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: SWIFT, JOANN
Address: 13212 NW 7 DRIVE
City-St-Zip: PLANTATION, FL

Title: D () Delete
Name: ANIFANTIS, RITA
Address: 13211 NW 7 PLACE
City-St-Zip: PLANTATION, FL

Title: SD () Delete
Name: MORALES, LAYDA
Address: 768 NW 132ND AVE
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: ROSE, OCASIO-SKINNER
Address: 13204 NW 7TH PLACE
City-St-Zip: PLANTATION, FL 33325

Title: TD (X) Change () Addition
Name: SWIFT, JOANN
Address: 13212 NW 7 DRIVE
City-St-Zip: PLANTATION, FL

Title: VPD (X) Change () Addition
Name: ANIFANTIS, RITA
Address: 13211 NW 7 PLACE
City-St-Zip: PLANTATION, FL

Title: D (X) Change () Addition
Name: BARBOUR, CAROL
Address: 756 NW 132ND AVENUE
City-St-Zip: PLANTATION, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN DAVIS

PD

07/13/2004

Electronic Signature of Signing Officer or Director

Date