2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am § Secretary of State DOCUMENT # **N97000005993** 04-28-2003 90494 013 ****61.25 PLANTATION TRACE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 780 NW 132ND AVE 780 NW 132ND AVE PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. · [] CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0818202 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 780 NW 132ND AVE PLANTATION FL 33325 City Zip Code 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. I am familiar with, and accept SIGNATURE agent and title if applicable ed Agent signature required when reinstating 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \Box Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. DP 🦡 Delete TITLE ☐ Change ☐ Addition NAME DAVIS, KATHLEEN NAME dunue STREET ADDRESS 780 NW 132ND AVE: STREET ADDRESS CITY-ST-ZIP SAME CITY-ST-ZIP PLANTATION FL 33325 TITLE REAS ☐ Addition TITLE Change GORIS, GAIL NAME NAME STREET ADDRESS STREET ADDRESS 784 NW 132ND AVE CITY-ST-7IP CITY-ST-7/P PLANTATION FL 33325 TITLE DIRECTO ____Change Addition -TITLE BURTON, CANDICE NAME NAME STREET ADDRESS 776 NW 132ND AVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PLANTATION FL 33325 TITLE DIEBLE ☐ Change TITLE RUFFOLO, LUIGI NAME NAME STREET ADDRESS STREET ADDRESS 762 NW 132ND AVE CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33325 Delete TITLES EC Addition TITLE MORALES, LAYDA NAME NAME STREET ADDRESS 768 NW 132ND AVE STREET ADDRESS SAME CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33325

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

TIT1 F

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

☐ Delete

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

☐ Change

☐ Addition

FILED