

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90020 038 ****70.00

DOCUMENT # N98000004195

1. Entity Name

PLANTATION PARK EAST HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

375 NW 48TH AVENUE
 PLANTATION FL 33317
 US

375 NW 48TH AVENUE
 PLANTATION FL 33317-2022
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EWERS, OSWALD D
375 NW 48TH AVENUE
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD EWERS, OSWALD**
 STREET ADDRESS **375 NW 48TH AVENUE**
 CITY-ST-ZIP **PLANTATION FL 33317**

Change Additor

TITLE Delete
 NAME **VD SMITH, KINGSLEY**
 STREET ADDRESS **4540 NW 4TH COURT**
 CITY-ST-ZIP **PLANTATION FL 33317**

Change Additor

TITLE Delete
 NAME **TD LEVY, DELSIE T**
 STREET ADDRESS **4324 N.W. 2ND STREET**
 CITY-ST-ZIP **PLANTATION FL 33317**

Change Additor

TITLE Delete
 NAME **SD JOHNSON, STAN**
 STREET ADDRESS **4891 NW 6TH STREET**
 CITY-ST-ZIP **PLANTATION FL 33317**

Change Additor

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Additor

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Additor

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: Oswald D Ewers **OSWALD D EWERS** 2/3/00 (954) 677-2128
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #