


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90461 029 ****61.25

DOCUMENT # 705516
1. Entity Name
PLANTATION ELKS CLUB, INC.



Principal Place of Business 4632 N HIATUS ROAD SUNRISE, FL 33351	Mailing Address 4632 N HIATUS ROAD SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0999956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COWAN, JOHN Rocco Caggiano
5248 SW 34 STREET 11730 NW 27 Court
FORT LAUDERDALE, FL 33314-8958 Plantation FL
33323

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE *Rocco Caggiano* - Rocco Caggiano 4/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, BILL 1200 NW 118 AVE PLANTATION, FL 333232416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPHOLZ, JAMES 7961 NW 53 STREET LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE JOHN Rocco Caggiano 711 HOLLY LANE 11730 NW 27 Court PLANTATION, FL 33317 Plantation FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, DENISE 5061 SW 11 ST PLANTATION, FL 333174408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVIGNI, ROY 9148 B SW 23 ST FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, JOHN Raleigh Arnett 5248 SW 34 ST #308 FORT LAUDERDALE, FL 33314 Plantation FL 33317

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bill Baker* Bill Baker 4/14/06 954-792-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #