

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90023 002 \*\*\*\*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



2. Principal Place of Business - No P.O. Box #

**8900 NW 44 St**

Suite, Apt. #, etc.

3. Mailing Address

**8900 NW 44 St**

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

**Sunrise FL**

City & State

**Sunrise FL**

4. FEI Number

**59-0999956**

Applied For

Not Applicable

Zip

**33351**

Country

**USA**

Zip

**33351**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAGGIANO, ROCCO  
11730 NW 27TH CT  
PLANTATION FL 33323**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

**Rocco Caggiano**

SIGNATURE

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when re-registering)

**3/14/07**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete

NAME: **S  
BAKER, BILL**  
STREET ADDRESS: **1200 NW 118 AVE**  
CITY-STATE-ZIP: **PLANTATION FL 33323-2416**

TITLE  Delete

NAME: **D  
NAPHOLZ, JAMES**  
STREET ADDRESS: **7961 NW 53 STREET**  
CITY-STATE-ZIP: **LAUDERHILL FL 33351**

TITLE  Delete

NAME: **D  
CAGGIANO, ROCCO**  
STREET ADDRESS: **11730 NW 27TH CT**  
CITY-STATE-ZIP: **PLANTATION FL 33323**

TITLE  Delete

NAME: **D  
MAY, DENISE**  
STREET ADDRESS: **5061 SW 11 ST**  
CITY-STATE-ZIP: **PLANTATION FL 33317-4408**

TITLE  Delete

NAME: **D  
LIVIGNI, ROY**  
STREET ADDRESS: **9148 B SW 23 ST**  
CITY-STATE-ZIP: **FORT LAUDERDALE FL 33324**

TITLE  Delete

NAME: **D  
ARNETT, RALEIGH**  
STREET ADDRESS: **6555 WEST BROWARD BLVD #308**  
CITY-STATE-ZIP: **PLANTATION FL 33317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  Change  Addition

NAME: **D**  
STREET ADDRESS: **Barbara Hnery**  
CITY-STATE-ZIP: **9881 NW Court  
Ft. Lauderdale FL 33324-4942**

TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/07**

Date

**954-742-8840**

Daytime Phone #