

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Muntram
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764656 (5)
1. Corporation Name
PLANTATION NEWCOMERS CLUB, INC.

Principal Place of Business Mailing Address
BOX 17142 PLANTATION FL 33318-4744 **BOX 17142 PLANTATION FL 33318-4744**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/23/1982	3a. Date of Last Report 04/28/1994
4. FEI Number 59-2275183	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.0332, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**ANDERSEN, SARAH
1431 LAUDERDALE W DR
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Sarah Andersen* **Sarah Andersen, President** DATE **4/25/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. AS OF <u>4/25/95</u> CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME ANDERSEN, SARAH	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1431 LAUDERDALE W DR	CITY - ST - ZIP PLANTATION FL	1.2 NAME Egri, Julia	
		1.3 STREET ADDRESS 10501 NW 17th St.	
		1.4 CITY - ST - ZIP Plantation FL 33322	
TITLE DV	NAME COLTON, ANDREA	2.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5750 SW 8TH CT	CITY - ST - ZIP PLANTATION FL	2.2 NAME Nanovsky, Betty Lou	
		2.3 STREET ADDRESS 1401 NW 101st Terr.	
		2.4 CITY - ST - ZIP Plantation FL 33322	
TITLE DV	NAME TAMCSIN, CHRISTINE	3.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8741 SW 17TH ST	CITY - ST - ZIP PLANTATION FL	3.2 NAME Marchal, Mindy	
		3.3 STREET ADDRESS 842 NW 67th Ave.	
		3.4 CITY - ST - ZIP Plantation FL 33317	
TITLE DV	NAME KRAMER, MARTHA	4.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8241 SW 9TH ST	CITY - ST - ZIP PLANTATION FL	4.2 NAME Dettling, Sallie	
		4.3 STREET ADDRESS 79 NW 98th Terr.	
		4.4 CITY - ST - ZIP Plantation FL 33324	
TITLE DS	NAME WILCOX, ANN	5.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5841 SW 8TH CT	CITY - ST - ZIP PLANTATION FL	5.2 NAME Keelan, Leslie	
		5.3 STREET ADDRESS 5331 SW 21st Court	
		5.4 CITY - ST - ZIP Plantation FL 33317	
TITLE DT	NAME FLOWER, DOT	6.1 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 361 NW 97TH AVE	CITY - ST - ZIP PLANTATION FL	6.2 NAME Mazzoleni, Sue	
		6.3 STREET ADDRESS 8120 Cleary Blvd #1208	
		6.4 CITY - ST - ZIP Plantation FL 33324	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sarah Andersen* **Sarah Andersen** DATE **4/25/95** 305-474-0976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR