

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **08/23/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2275183**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** 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: **Betty Lou Nanovsky**
82 Street Address (P.O. Box Number is Not Acceptable): **110 SW 91st Ave.**
83 Apt. # **308**
84 City: **Plantation** FL 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Betty Lou Nanovsky* (NOTE: Registered Agent signature required when reinstating) DATE: **5/16/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EGRI, JULIA	
STREET ADDRESS	10501 NW 17TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NANOVSKY, BETTY LOU	
STREET ADDRESS	1401 NW 101 TER	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARCHAL, MINDY	
STREET ADDRESS	842 NW 67 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DETLING, SALLIE	
STREET ADDRESS	79 NW 98 TERR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KEELAN, LESLIE	
STREET ADDRESS	5331 SW 21 CT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAZZOLENI, SUE	
STREET ADDRESS	8120 CLEARY BLVD, 1208	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nanovsky, Betty Lou	
1.3 STREET ADDRESS	110 SW 91st Ave, #308	
1.4 CITY-ST-ZIP	PLANTATION FL 33324	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FUINO, PATRICIA	
2.3 STREET ADDRESS	10431 NW 12th PLACE	
2.4 CITY-ST-ZIP	PLANTATION FL 33322	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARMSTRONG, LINDA	
3.3 STREET ADDRESS	715 NW 101st TERRACE	
3.4 CITY-ST-ZIP	PLANTATION FL 33324	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tyrrell, Cathy	
4.3 STREET ADDRESS	1861 SW 55th Ave.	
4.4 CITY-ST-ZIP	Plantation FL 33317	
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DETLING, SALLIE	
5.3 STREET ADDRESS	79 NW 98 TERRACE	
5.4 CITY-ST-ZIP	PLANTATION FL 33324	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SOKOL, CONNIE	
6.3 STREET ADDRESS	12653 NW 13th Ct	
6.4 CITY-ST-ZIP	Surprise FL 33323	

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sue Mazzoleni* **Sue Mazzoleni** DATE: **5/1/96** DAYTIME PHONE #: **(954) 472-2116**

CR2E037 (12/95)