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FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33318-7142
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3. Date Incorporated or Qualified 08/23/1982	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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4. FEI Number 59-2275183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NANOVSKY, BETTY L
110 SW 91ST AVE.
APT. #308
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name **Connie H. Sokol**
82. Street Address (P.O. Box Number is Not Acceptable)
12653 NW 13th Court
83.
84. City **Sunrise** FL 85. Zip Code **33323**

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: *Connie H. Sokol* (CONNIE H. SOKOL) DATE: **4-18-97**

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NANOVSKY, BETTY L	
STREET ADDRESS	110 SW 91ST AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FUINO, PATRICIA	
STREET ADDRESS	10431 NW 12TH PLACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRON, LINDA	
STREET ADDRESS	715 NW 101ST TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TYRRELL, CATHY	
STREET ADDRESS	1861 SW 55TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DETLING, SALLIE	
STREET ADDRESS	79 NW 98 TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SOKOL, CONNIE	
STREET ADDRESS	12653 NW 13TH CT	
CITY-ST-ZIP	SUNRISE 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	CONNIE H. SOKOL	
1.3 STREET ADDRESS	12653 NW 13th COURT	
1.4 CITY-ST-ZIP	SUNRISE, FL 33323	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARBARA FINGER	
2.3 STREET ADDRESS	5740 SW 5th STREET	
2.4 CITY-ST-ZIP	PLANTATION, FL 33317	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHELLE L. TEROROTUA	
3.3 STREET ADDRESS	821 NW 72nd AVENUE	
3.4 CITY-ST-ZIP	PLANTATION, FL 33317	
4.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LESLIE MCKEE	
4.3 STREET ADDRESS	1863 NW 96th AVENUE	
4.4 CITY-ST-ZIP	PLANTATION, FL 33322	
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JULIE BEHAR	
5.3 STREET ADDRESS	1540 NW 105th AVENUE	
5.4 CITY-ST-ZIP	PLANTATION, FL 33322	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LAURA MADEIRA	
6.3 STREET ADDRESS	664 NW 133rd WAY	
6.4 CITY-ST-ZIP	PLANTATION, FL 33325	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Connie H. Sokol* (CONNIE H. SOKOL) DATE: **4-18-97** (954-846-8336)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036686

CR2E037 (9/96)