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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 33318-4744
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3. Date Incorporated or Qualified 08/23/1982	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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

**SOKOL, CONNIE H
12853 NW 13TH COURT
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

81 Name Patricia Fuino	
82 Street Address (P.O. Box Number is Not Acceptable) 10431 NW 12th Place	
83 Plantation, FL 33322	
84 City FL	85 Zip Code

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 *Patricia Fuino* **6/13/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE DV	FINGER, BARBARA	<input type="checkbox"/> DELETE
NAME	5740 SW 5TH ST	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP		
TITLE DV	TEROROTUA, MICHELLE L	<input checked="" type="checkbox"/> DELETE
NAME	821 NW 72ND AVE	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP		
TITLE DV	MCKEE, LESLIE	<input checked="" type="checkbox"/> DELETE
NAME	1863 NW 96TH AVE	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP		
TITLE DS	BEHAR, JULIE	<input checked="" type="checkbox"/> DELETE
NAME	1540 NW 105TH AVE	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP		
TITLE DT	MADEIRA, LAURA	<input checked="" type="checkbox"/> DELETE
NAME	684 NW 133RD WAY	
STREET ADDRESS	PLANTATION FL	
CITY-ST-ZIP		
TITLE DP	SOKOL, CONNIE H	<input checked="" type="checkbox"/> DELETE
NAME	12653 NW 13TH CT	
STREET ADDRESS	SUNRISE FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1st Vice President DV		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Ellen Hall		
1.3 STREET ADDRESS 54 NW 108th Terrace		
1.4 CITY-ST-ZIP Plantation, FL 33324		
2.1 TITLE 2nd Vice President DV		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Denise Levine		
2.3 STREET ADDRESS 262 S. Hibiscus Court		
2.4 CITY-ST-ZIP Plantation, FL 33317		
3.1 TITLE Corresponding Secretary DV		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Pricilla Marana		
3.3 STREET ADDRESS 10301 NW 7th Court		
3.4 CITY-ST-ZIP Plantation, FL 33324		
4.1 TITLE Recording Secretary DS		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Jenny Allan Sandy Rondepierre		
4.3 STREET ADDRESS 10935 Whitehawk St		
4.4 CITY-ST-ZIP Plantation, FL 33322		
5.1 TITLE Treasurer DT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Pat Sammis		
5.3 STREET ADDRESS 11501 NW 18th Court		
5.4 CITY-ST-ZIP Plantation, FL 33323		
6.1 TITLE President DP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Patricia Fuino		
6.3 STREET ADDRESS 10431 NW 12th Place		
6.4 CITY-ST-ZIP Plantation, FL 33322		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laura Madeira* Laura Madeira 4-29-98 954-846-9073

CFR2037 (1097)