

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90071 046 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764656

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/23/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2275183	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
FUINO, PATRICIA 10431 NW 12TH PLACE PLANTATION FL 33322				81	Name			HARRIET ALEXANDER
				82	Street Address (P.O. Box Number is Not Acceptable)			1931 SW 81ST WAY
				83				
				84	City		85	Zip Code
PLANTATION		FL		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: *Patricia Fuino* DATE: 4/20/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	FVPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	FVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, ELLEN		1.2 NAME	MARCIA DAVID	
STREET ADDRESS	54 NW 108TH TERRACE		1.3 STREET ADDRESS	661 SW 54TH AVE	
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, DENISE		2.2 NAME	MICHELLE DUNN	
STREET ADDRESS	262 S HIBISCUS COURT		2.3 STREET ADDRESS	360 NW 107TH AVE	
CITY-ST-ZIP	PLANTATION FL 33317		2.4 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	CSDV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	CSDV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARANA, PRICILLA		3.2 NAME	SALLY FLUR	
STREET ADDRESS	10301 NW 7TH COURT		3.3 STREET ADDRESS	11092 NW 8TH CT	
CITY-ST-ZIP	PLANTATION FL 33324		3.4 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	RSDS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	RSDS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONDEPIERRE, SANDY		4.2 NAME	TODD HECHT	
STREET ADDRESS	10935 WHITEHAWK ST		4.3 STREET ADDRESS	401 NW 95TH AVE	
CITY-ST-ZIP	PLANTATION FL 33324		4.4 CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMMIS, PAT		5.2 NAME	DANA WARDER	
STREET ADDRESS	11501 NW 18TH COURT		5.3 STREET ADDRESS	1081 NW 75TH TER	
CITY-ST-ZIP	PLANTATION FL 33323		5.4 CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUINO, PATRICIA		6.2 NAME	HARRIET ALEXANDER	
STREET ADDRESS	10431 NW 12TH PLACE		6.3 STREET ADDRESS	1931 SW 81ST WAY	
CITY-ST-ZIP	PLANTATION FL 33322		6.4 CITY-ST-ZIP	DAVIE FL 33324	

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, with all other like empowered.

SIGNATURE: *Patricia Fuino* DATE: 4/20/99 (954) 370-0119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0038152

CR2E037 (1/198)