

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 050 ****70.00

DOCUMENT # 764656
 1. Entity Name
PLANTATION NEWCOMERS CLUB, INC.



Principal Place of Business Mailing Address
PO BOX 16543 PLANTATION FL 33318-4744 **PO BOX 16543 PLANTATION FL 33318-4744**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number **59-2275183** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSTORFER, DOROTHY S
9565 NW 9TH COURT
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **MICHELLE BROWN**
 Street Address (P.O. Box Number is Not Acceptable) **11200 NW 6 STREET**
 City **PLANTATION** FL Zip Code **33325**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Michelle Brown* DATE **4/22/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSTORFER, DOROTHY	
STREET ADDRESS	9565 NW 9TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCULLOCH, JUNE	
STREET ADDRESS	301 N. PINE ISLAND RD. #113	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	2VT	<input type="checkbox"/> Delete
NAME	DAVID, MARCIA	
STREET ADDRESS	661 SW 54TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	KING, ROSE	
STREET ADDRESS	7172 E. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUBENSTEIN, ESTELLE	
STREET ADDRESS	430 NW 107TH AVE.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BURKE, NANCY	
STREET ADDRESS	980 RENMAR DRIVE	
CITY-ST-ZIP	PLANTATION FL 33317	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELLE BROWN	
STREET ADDRESS	11200 NW 6 STREET	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL LEVERITT	
STREET ADDRESS	7801 NW 68 AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	2 VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN DONSKY	
STREET ADDRESS	7715 SOUTH HAMPTON TR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	3 VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBBY MARTINO	
STREET ADDRESS	173 CHELSEA LANE	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY MATTOX	
STREET ADDRESS	701 COCO PLUM CIRCLE #6	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNIE WALLACE	
STREET ADDRESS	9840 NW 3 STREET	
CITY-ST-ZIP	PLANTATION FL 33324	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Dorothy S. Rostorfer* PRESIDENT DATE: **4/22/05** PHONE: **954/693-8925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #