

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90160 036 ****70.00



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

Principal Place of Business
 PO BOX 16543
 PLANTATION, FL 33318-4744

Mailing Address
 PO BOX 16543
 PLANTATION, FL 33318-4744



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03192007 Chg-NP CR2E037 (12/06)

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
MATTOX, BEVERLY
200 JACARANDA DR 4C
FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent
 Name **Mansha Bloom**
 Street Address (P.O. Box Number is Not Acceptable)
800 N W 76 Terr.
 City **Plantation, F** FL Zip Code **33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	P	<input type="checkbox"/> Delete
NAME	MATTOX, BEVERLY	
STREET ADDRESS	200 JACARANDA DR 4C	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	SHETLER, ANNA	
STREET ADDRESS	11341 SW 4 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	PISULA, RUTHG	
STREET ADDRESS	9384 NW 18 MANOR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322	
TITLE	3VP	<input type="checkbox"/> Delete
NAME	JOHNSANSEN, MARCIA	
STREET ADDRESS	305 NW 78 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELUCIER, MERCEDES	
STREET ADDRESS	340 N 97 AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALLACE, CONNIE	
STREET ADDRESS	9840 NW 3 ST	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mansha Bloom	
STREET ADDRESS	800 N W 76 Terr.	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bea Karnowitz	
STREET ADDRESS	9501 NW 18 Drive	
CITY-ST-ZIP	Fort Lauderdale, FL 33322	
TITLE	3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sallie Dettling	
STREET ADDRESS	79 N W 98 Terr	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dottie Rostofen	
STREET ADDRESS	9565 N.W. 97th Ct.	
CITY-ST-ZIP	Plantation, FL 33324	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mansha Bloom **4-12-07 (954) 472-8867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #