


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90003 028 ****61.25

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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2275183	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLOOM, MARSHA 800 NW 76 TERR PLANTATION, FL 33324			Name JOHANSEN, MARCIA Street Address (P.O. Box Number is Not Acceptable) 305 N.W. 78 th AVE. City PLANTATION 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 <i>Marcia E. Johansen</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 3/13/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, MARSHA		NAME	JOHANSEN, MARCIA	
STREET ADDRESS	800 N.W. 76 TERR		STREET ADDRESS	305 N.W. 78 th AVE.	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE	1VP	<input checked="" type="checkbox"/> Delete	TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHETLER, ANNA		NAME	CARROLL, NANCY	
STREET ADDRESS	11341 SW 4 ST		STREET ADDRESS	641 N.W. 110 th AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325		CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTROWITZ, BEA		NAME	DAVID, MARCIA	
STREET ADDRESS	9501 NW 18 DRIVE		STREET ADDRESS	661 S.W. 54 th AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322		CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE	3VP	<input checked="" type="checkbox"/> Delete	TITLE	3VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSEN, MARCIA		NAME	BROWN, MICHELLE	
STREET ADDRESS	305 NW 78 AVE		STREET ADDRESS	11200 N.W. 6 th ST.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324		CITY-ST-ZIP	PLANTATION, FL. 33325	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETLING, SALLIE		NAME		
STREET ADDRESS	79NW 98 TERR		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSTOFER, DOTTIE		NAME		
STREET ADDRESS	9565 N.W. 9TH CT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP		
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: <i>Marcia E. Johansen</i>			DATE: 3/13/08 DAYTIME PHONE: 954-473-0371		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		