


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90165 001 ****61.25

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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**



CHECK HERE IF MAKING CHANGES

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

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
**DAVID, MARCIA J
661 SW 54 AVE
PLANTATION FL 33317**

7. Name and Address of New Registered Agent
Name: **BLANCHE A. STROUSE**
Street Address (P.O. Box Number is Not Acceptable): **10351 N.W. 12 COURT
PLANTATION**
City: **FL** Zip Code: **33322**

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: Blanche A. Strouse DATE: 5/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete NAME: DAVID, MARCIA STREET ADDRESS: 661 SW 54TH AVE CITY-ST-ZIP: PLANTATION FL 33317
TITLE: 1VT	<input checked="" type="checkbox"/> Delete NAME: LEDNOVICH, JEANNE STREET ADDRESS: 10517 NW 10 CT CITY-ST-ZIP: FORT LAUDERDALE FL 33322
TITLE: 2VT	<input checked="" type="checkbox"/> Delete NAME: POZEHL, DOROTHY STREET ADDRESS: 832 SW 58 AVE CITY-ST-ZIP: FORT LAUDERDALE FL 33317
TITLE: 3VP	<input checked="" type="checkbox"/> Delete NAME: ERHARD, NATALIE STREET ADDRESS: 7440 SW 5 ST CITY-ST-ZIP: FORT LAUDERDALE FL 33317
TITLE: ST	<input checked="" type="checkbox"/> Delete NAME: DONSKY, JOAN STREET ADDRESS: 10514 NW 10 ST CITY-ST-ZIP: FORT LAUDERDALE FL 33322
TITLE: TT	<input checked="" type="checkbox"/> Delete NAME: HAYES, MAUREEN STREET ADDRESS: 11088 CANARY ISLAND CT CITY-ST-ZIP: DAVIE FL 33324

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BLANCHE STROUSE STREET ADDRESS: 10351 NW 12 COURT CITY-ST-ZIP: PLANTATION, FL 33322
TITLE: 1"VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DOROTHY POZEHL STREET ADDRESS: 382 SW 58 AVE CITY-ST-ZIP: PLANTATION, FL 33317
TITLE: 2 VID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MARIE BERNDGEN STREET ADDRESS: 11981 NW 24 STREET CITY-ST-ZIP: PLANTATION, FL 33323
TITLE: 3V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JEANNE LEDNOVICH STREET ADDRESS: 10517 NW 10 th COURT CITY-ST-ZIP: PLANTATION, FL 33322
TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MARGO DANNE MILLER STREET ADDRESS: 10620 NW 10 STREET CITY-ST-ZIP: PLANTATION, FL 33322
TITLE: T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: DOTTIE ROSTORFER STREET ADDRESS: 9565 NW 9 th COURT 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: Blanche A. Strouse DATE: 5/22/03 PHONE: 954-423-4023

CR2E037 (10/02)