FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766563 (1)

1. Corporation Name
PLANTATION RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10401 W. BROWARD BLVD. PLANTATION FL 33324	10401 W. BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1983
3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-1820033 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~RUWE, RUTH E.~~
~~10401 W BROWARD BLVD~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent

81 Name: BUCHOLTZ, PAUL A.
82 Street Address (P.O. Box Number is Not Acceptable): 10401 W. BROWARD BLVD, #108
83
84 City: PLANTATION FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Paul A. Bucholtz PAUL A. BUCHOLTZ VTD 4-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BUCHOLTZ, PAUL A.	1.2 NAME	Cheryl L. Simmers	
STREET ADDRESS	10401 W BROWARD BLVD., #108	1.3 STREET ADDRESS	10501 W. Broward Blvd., #403	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE	VSD	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	RUWE, RUTH E.	2.2 NAME	BUCHOLTZ, PAUL A.	
STREET ADDRESS	10501 W BROWARD BLVD., #411	2.3 STREET ADDRESS	10401 W. BROWARD BLVD., #108	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FLA. 33324	
TITLE	TD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SIMMENS, CHERYL	3.2 NAME	RUWE, JOE T.	
STREET ADDRESS	10501 W BROWARD BLVD., #403	3.3 STREET ADDRESS	10501 W. BROWARD BLVD. #411	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION, FLA. 33324	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	WEBER, JACK	
STREET ADDRESS		4.3 STREET ADDRESS	10551 W. BROWARD BLVD. #111	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PLANTATION, FLA. 33324	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	BROWN, LINDA	
STREET ADDRESS		5.3 STREET ADDRESS	10451 W. BROWARD BLVD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PLANTATION, FLA. 33324	
TITLE	D ADDITION	6.1 TITLE	D	☐ Change ☒ Addition
NAME	GORLACH, MARC	6.2 NAME	ANNUNZIATO, DEBRA	
STREET ADDRESS	10401 W. BROWARD BLVD., #108	6.3 STREET ADDRESS	10501 W. BROWARD BLVD, #108	
CITY-ST-ZIP	PLANTATION, FLA. 33324	6.4 CITY-ST-ZIP	PLANTATION, FLA. 33324	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Cheryl L. Simmers 4/13/95 305-583-3795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047081