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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33324-2132

3. Date Incorporated or Qualified
01/14/1983

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1820033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUWE, JOSEPH T
10501 W. BROWARD BLVD., #411
PLANTATION FL 33324

81 Name

STEVEN WEINBERG, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

8000 PETERS ROAD

83

84 City

PLANTATION

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Steven A. Weinberg

(NOTE: Registered Agent signature required when reinstating)

1/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	RUWE, JOSEPH T	
STREET ADDRESS	10501 W. BROWARD BLVD., #411	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LINDA R	
STREET ADDRESS	10451 W. BROWARD BLV., #411	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMERS, CHERYL L	
STREET ADDRESS	10501 W. BROWARD BLVD. #403	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEBER, JACK	
STREET ADDRESS	10551 W. BROWARD BLVD, #11	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, LINDA	
STREET ADDRESS	10451 W. BROWARD BLVD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANNUNZIATO, DEBRA	
STREET ADDRESS	10501 W. BROWARD BLVD, #108	
CITY-ST-ZIP	PLANTATION FL	

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RYTA A. LASSER	
1.3 STREET ADDRESS	10501 W. BROWARD BLVD-201	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ESTELLE FONTANA	
2.3 STREET ADDRESS	13770 GREEN COVE PL.	
2.4 CITY-ST-ZIP	DAYIE, FL. 33325	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JONATHAN LERMAN	
3.3 STREET ADDRESS	10501 W. BROWARD BLVD-109	
3.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALFRED ARNOLD	
4.3 STREET ADDRESS	10451 W. BROWARD BLVD-401	
4.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MARIO PORTILLO	
5.3 STREET ADDRESS	10501 W. BROWARD BLVD-111	
5.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

Rita A. Lasser, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/97

Daytime Phone # 0037221

CFR2E037 (9/96)