


FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766563 (1)
 1. Corporation Name
PLANTATION RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 10401 W. BROWARD BLVD. PLANTATION FL 33324	Mailing Address 10401 W. BROWARD BLVD. PLANTATION FL 33324
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21	2. Principal Place of Business	2a.	2a. Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

3. Date Incorporated or Qualified 01/14/1983		
4. FEI Number 59-1820033	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
WEINBERG, STEVEN P 8000 PTERS ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	LASSER, RITA A.
STREET ADDRESS	10501 WEST BROWARD BLVD., - 201
CITY-ST-ZIP	PLANTATION FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FONTANA, ESTELLE
STREET ADDRESS	13770 GREEN COVE PLACE
CITY-ST-ZIP	DAVID FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	LERMAN, JONATHAN
STREET ADDRESS	10501 WEST BROWARD BLVD. - 109
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ARNOLD, ALFRED
STREET ADDRESS	10451 WEST BROWARD BLVD. - 401
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PORTILLO, MARIO
STREET ADDRESS	10501 WEST BROWARD BLVD. - 111
CITY-ST-ZIP	PLANTATION FL
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	JOSEPH D'AMICO
STREET ADDRESS	10401 W. BROWARD BLVD. - 309
CITY-ST-ZIP	PLANTATION, FL. 33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 Lassner, President 1/14/98 954-474-9098

CR2E037 (10/97)