


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90065 023 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 766563 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	

102215-90065-23 5



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	01/14/1983
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	59-1820033
25. Country	29. Country	Applied For
30. Country	3. Certificate of Status Desired	Not Applicable
	5. Election Campaign Financing	\$8.75 Additional Fee Required
	Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEINBERG, STEVEN P 8000 PTERS ROAD PLANTATION FL 33324		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD TREASURER <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASSER, RITA A.	1.2 NAME	SUSAN FAU HABER
STREET ADDRESS	10501 WEST BROWARD BLVD., - 201	1.3 STREET ADDRESS	10501 W. BROWARD BLVD-205
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTANA, ESTELLE	2.2 NAME	ESTELLE FONTANA
STREET ADDRESS	13770 GREEN COVE PLACE	2.3 STREET ADDRESS	10551 W. BROWARD BLVD-201
CITY-ST-ZIP	DAVID FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LERMAN, JONATHAN	3.2 NAME	MICHAEL LEVEY
STREET ADDRESS	10501 WEST BROWARD BLVD. - 109	3.3 STREET ADDRESS	10501 W. BROWARD BLVD-309
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, ALFRED	4.2 NAME	MICHAEL Goldberg
STREET ADDRESS	10451 WEST BROWARD BLVD. - 401	4.3 STREET ADDRESS	10501 W. BROWARD BLVD. 402
CITY-ST-ZIP	PLANTAION FL	4.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTELLO, MARIO	5.2 NAME	JOSEPH D'AMICO
STREET ADDRESS	10501 WEST BROWARD BLVD. - 111	5.3 STREET ADDRESS	10401 W. BROWARD BLVD-309
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	V P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMICO, JOSEPH	6.2 NAME	RITA A. LASSER
STREET ADDRESS	10401 W W BROWARD BLVD 309	6.3 STREET ADDRESS	10501 W. BROWARD BLVD-201
CITY-ST-ZIP	PLANTATION FL 33324	6.4 CITY-ST-ZIP	PLANTATION, FL 33324

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, with all other like empowered.

SIGNATURE: Rita Lassere 1/8/99 954-474-9098
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)