

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90465 021 ***61.25

DOCUMENT # 766563

1. Entity Name

PLANTATION RACQUET CLUB CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

10401 W. BROWARD BLVD.
 PLANTATION FL 33324

10401 W. BROWARD BLVD.
 PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1820033 59-2704963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINBERG, STEVEN P
8000 PTERS ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T <input checked="" type="checkbox"/> Delete
NAME	LASSER, RITA A.
STREET ADDRESS	10501 WEST BROWARD BLVD., - 201
CITY-ST-ZIP	PLANTATION FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FONTANA, ESTELLE
STREET ADDRESS	10551 W. BROWARD BLVD-201
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	S <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	LEVEY, MICHAEL
STREET ADDRESS	10501 W. BROWARD BLVD-309
CITY-ST-ZIP	PLANTAION FL 33324
TITLE	P <input type="checkbox"/> Delete
NAME	GOLDBERG, MICHAEL
STREET ADDRESS	10501 W. BROWARD BLVD-402
CITY-ST-ZIP	PLANTATION FL 33324
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	DAMICO, JOSEPH
STREET ADDRESS	10401 W W BROWARD BLVD 309
CITY-ST-ZIP	PLANTATION FL 33324

TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Glasser
STREET ADDRESS	10501 West Broward Blvd #211
CITY-ST-ZIP	Plantation, FL 33324
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Seman
STREET ADDRESS	10401 West Broward Blvd #309
CITY-ST-ZIP	Plantation, FL 33324
TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diana Rodriguez
STREET ADDRESS	10501 West Broward Blvd #102
CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evan Finkelstein
STREET ADDRESS	10451 West Broward Blvd #109
CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

ROY GLASSER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01
 Date

954-472-3800
 Daytime Phone #

CR2E037 (10/00)