


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90225 009 \*\*\*\*61.25

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<b>DOCUMENT # 766563</b>					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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		
			State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GLASSER, ROY	NAME	BENJAMIN COHEN		
STREET ADDRESS	10501 WEST BROWARD BLVD #211	STREET ADDRESS	10401 W. BROWARD BLVD #310		
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE	P <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SEMAN, SUSAN	NAME	MICHAEL LEVEY		
STREET ADDRESS	10401 WEST BROWARD BLVD #309	STREET ADDRESS	10501 W. BROWARD BLVD #309		
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	PLANTATION, FL 33324		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIMEL BLAU, ELDA	NAME			
STREET ADDRESS	10501 WEST BROWARD BLVD. - 109	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FONTANA, ANTHONY	NAME			
STREET ADDRESS	10551 WEST BROWARD BLVD #201	STREET ADDRESS			
CITY-ST-ZIP	PLANTAION, FL 33324	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FINKELSTEIN, EVAN	NAME			
STREET ADDRESS	10451 WEST BROWARD BLVD #109	STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Susan M. Seman</i>		Date: 04-19-04		Phone: 954-577-2352	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	