

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90378 037 \*\*\*\*61.25

**DOCUMENT # 766563**

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**

40061288



2. Principal Place of Business

3. Mailing Address

**11530 ST. RD 84**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006

Chg-NP

CR2E037 (11/05)

City & State

City & State  
**DAVIE FL**

4. FEI Number

**59-2704963**

Applied For

Not Applicable

Zip

Country

Zip

**33325**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEINBERG, STEVEN P  
8000 PTES ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
GLASSER, ROY  
10501 WEST BROWARD BLVD #211  
PLANTATION, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SEMAN, SUSAN  
10401 WEST BROWARD BLVD #309  
PLANTATION, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
COHEN, BENJAMIN  
10401 W. BROWARD BLVD #310  
PLANTATION, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEE, BENJAMIN  
10551 W. BROWARD BLVD #402  
PLANTAION, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FINKELSTEIN, EVAN  
10451 WEST BROWARD BLVD #109  
PLANTATION, FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVEY, MICHAEL  
10501 W. BROWARD BLVD #309  
PLANTATION, FL 33324** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RIDDECK, RWENDOLYN  
10451 W. BROWARD BLVD  
#201 PLANTATION, FLA, 33324** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HIMEL BLAU, ELDA  
10551 BROWARD BLVD #109  
PLANTATION FL 33324** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-06