


FILED

May 01, 2007 8:00 am  
Secretary of State

05-01-2007 90046 011 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|  |   |
|--|---|
| DOCUMENT # 766563  |  |
| 1. Entity Name<br>PLANTATION RACQUET CLUB CONDOMINIUM<br>ASSOCIATION, INC. |   |

|   |  |
|---|--|
| Principal Place of Business<br>10401 W. BROWARD BLVD.<br>PLANTATION, FL 33324 | Mailing Address<br>11530 ST RD 84<br>DAVIE, FL 33325 |
|---|--|

40096340



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

03092007 Chg-NP CR2E037 (12/06)

|              |              |                             |                               |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br>59-2704963 | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                         | Country                       |

|   |                                   |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|---|-----------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>WEINBERG, STEVEN P<br>8000 PTERS ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2007 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GLASSER, ROY<br>10501 WEST BROWARD BLVD #211<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SEMAN, SUSAN<br>10401 WEST BROWARD BLVD #309<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>COHEN, BENJAMIN<br>10401 W. BROWARD BLVD #310<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEE, BENJAMIN<br>10551 W. BROWARD BLVD #402<br>PLANTAION, FL 33324 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>WALLACK, JUDITH M<br>10501 WEST BROWARD BLVD, #410<br>PLANTATION FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FINKELSTEIN, EVAN<br>10451 WEST BROWARD BLVD #109<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HIMEL BLAU, ELDA<br>10551 BROWARD BLVD #109<br>PLANTATION, FL 33324 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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] Date: 04-18-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR