

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766563

FILED
Apr 24, 2009
Secretary of State

Entity Name: PLANTATION RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10401 W. BROWARD BLVD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

11530 ST RD 84
DAVIE, FL 33325

New Mailing Address:

FEI Number: 59-2704963 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEINBERG, STEVEN P
8000 PTERS ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GLASSER, ROY
Address: 10501 WEST BROWARD BLVD #211
City-St-Zip: PLANTATION, FL 33324

Title: P () Delete
Name: SEMAN, SUSAN
Address: 10401 WEST BROWARD BLVD #309
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: COHEN, BENJAMIN
Address: 10401 W. BROWARD BLVD #310
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: WALLACK, JUDITH M
Address: 10501 WEST BROWARD BLVD. #410
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: FINKELSTEIN, EVAN
Address: 10451 WEST BROWARD BLVD #109
City-St-Zip: PLANTATION, FL 33324

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BROWN, BETHANN
Address: 1700 SW 59 AVE
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SEMAN

P

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date