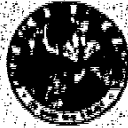


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 9:55

DOCUMENT # N22690 (4)

1. Corporation Name

NEWCOMERS CLUB OF CORAL SPRINGS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/28/1987	3a. Date of Last Report 03/08/1994
4. FEI Number 65-0016048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1881 UNIVERSITY DRIVE P.O. BOX 8397 CORAL SPRINGS FL 33075-5397		POST OFFICE BOX 8397 CORAL SPRINGS FL 33071-6090 US	
21. Principal Place of Business	22a. Mailing Address	22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	24. Zip	29. Zip
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**SOMMERER, DIANE K.
1881 UNIVERSITY DR.
SUITE 107
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
B5 Zip Code	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TALCOTT, VILL
STREET ADDRESS	2888 NW 95TH AVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	DEAN, BARBARA
STREET ADDRESS	1788 EAGLE TRACE BLVD.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	LEZDEY, CAROL
STREET ADDRESS	9711 NW 20TH STREET
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	SD
NAME	GREEN, LINDA
STREET ADDRESS	10031 NW 50 MANOR
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	FOX, CHRISTINE
STREET ADDRESS	1911 COLONIAL DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	DT
NAME	WESTERHEIN, SOPHIE
STREET ADDRESS	5300 NORM SPRINGS WAY
CITY-ST-ZIP	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lezdey, Carol A.	
1.3 STREET ADDRESS	9711 NW 20 street	
1.4 CITY-ST-ZIP	Coral Springs FL 33071	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Soto, Deb	
2.3 STREET ADDRESS	10335 NW 50 Court	
2.4 CITY-ST-ZIP	Coral Springs FL 33076	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Finch, Linda	
3.3 STREET ADDRESS	8842 NW 90 Manor	
3.4 CITY-ST-ZIP	Coral Springs FL 33071	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Riera, Cammy	
4.3 STREET ADDRESS	1274 NW 83 AVE	
4.4 CITY-ST-ZIP	Coral Springs FL 33071	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pantazi's, Barbara	
5.3 STREET ADDRESS	6159 NW 71 Terrace	
5.4 CITY-ST-ZIP	Parkland, FL 33067	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lippincott, Mary Jane	
6.3 STREET ADDRESS	4963 NW 104 AVE	
6.4 CITY-ST-ZIP	Coral Springs FL 33076	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Jane Lippincott, Treasurer **03/31/95** (305) 753-6818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary Jane Lippincott, Treasurer
Date
Signature 1 times