

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N22690** (4)

1. Corporation Name

NEWCOMERS CLUB OF CORAL SPRINGS, INC.



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 33071-6093
US

3. Date Incorporated or Qualified
09/28/1987

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0016048

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEZDEY, CAROL A	
STREET ADDRESS	9711 NW 20 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SOTO, DEB	
STREET ADDRESS	10335 NW 50 COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FINCH, LINDA	
STREET ADDRESS	8742 NW 20 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RIERA, CAMMY	
STREET ADDRESS	1274 NW 83 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PANTAZIS, BARBAR	
STREET ADDRESS	6159 NW 71 TERRACE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LIPPINCOTT, MARY JANE	
STREET ADDRESS	4963 NW 104 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pantazis, Barbara	
1.3 STREET ADDRESS	6159 NW 71 Terrace	
1.4 CITY-ST-ZIP	Coral Springs FL Parkland FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deb Socorro	
2.3 STREET ADDRESS	9883 Ramblewood Dr	
2.4 CITY-ST-ZIP	Coral Springs FL	
3.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Avery Presburg	
3.3 STREET ADDRESS	11971 Glenmore Dr	
3.4 CITY-ST-ZIP	Coral Springs FL	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Deb Soto	
4.3 STREET ADDRESS	10335 NW 50 Ct	
4.4 CITY-ST-ZIP	Coral Springs, FL	
5.1 TITLE	VO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Debbie Schneeman	
5.3 STREET ADDRESS	6510 NW 95 Ln	
5.4 CITY-ST-ZIP	Parkland, FL	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	June Naples	
6.3 STREET ADDRESS	5185 NW 66 Dr	
6.4 CITY-ST-ZIP	Coral Springs FL	

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)(k), 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: *June Naples*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

Date

(813) 340-7947

Daytime Phone #

CR2E037 (12/95)