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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 POST OFFICE BOX 8397
P.O. BOX 8397 CORAL SPRINGS FL 33075-8397
CORAL SPRINGS FL 33075-5397 US

3. Date Incorporated or Qualified 09/28/1987
3a. Date of Last Report 02/14/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0016048	Not Applicable
22	23. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25. Zip Country	29. Zip Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT PD
NAME	PANTAZ, BARBARA S	12 NAME	Cammy Riera
STREET ADDRESS	815 NW 71ST TERRACE	13 STREET ADDRESS	1274 NW 53rd Ave
CITY-ST-ZIP	PARKLAND FL	14 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	VD	21 TITLE	VICE PRESIDENT VD
NAME	SOCORRO, DEB	22 NAME	Louise Clayton
STREET ADDRESS	9883 RAMBLEWOOD DRIVE	23 STREET ADDRESS	9570 NW 24 Ct
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	VD	31 TITLE	VICE PRESIDENT VD
NAME	PRESBURG, AVERY	32 NAME	Ronalee Meier
STREET ADDRESS	11971 GLENMORE DRIVE	33 STREET ADDRESS	10083 NW 48 Ct
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	VD	41 TITLE	VICE PRESIDENT VD
NAME	SOTO, DEB	42 NAME	Jody Dumbauld
STREET ADDRESS	10335 NW 50TH COURT	43 STREET ADDRESS	11235 NW 43rd PL
CITY-ST-ZIP	PARKLAND FL	44 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	VD	51 TITLE	
NAME	SCHNEEMAN, DEBBIE	52 NAME	
STREET ADDRESS	8510 NW 95TH LANE	53 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	Treasurer TD
NAME	NAPLES, JUNE	62 NAME	Barbara Kloor
STREET ADDRESS	5185 68TH DRIVE	63 STREET ADDRESS	1827 NW 82nd Ave
CITY-ST-ZIP	CORAL SPRINGS FL	64 CITY-ST-ZIP	Coral Springs, FL 33071

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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.

CP2E037 (9/96)

Handwritten signature and date: 2/26/97 (954)