

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt #, etc.	26	Suite, Apt #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	

3. Date Incorporated or Qualified	09/28/1987
4. FEI Number	65-0016048
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" 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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIERA, CAMMY	
STREET ADDRESS	1274 NW 53RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, LOUISE	
STREET ADDRESS	9570 NW 24TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEIER, RONALEE	
STREET ADDRESS	10083 NW 48 CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DUMBAULD, JUDY	
STREET ADDRESS	11235 NW 43RD PL	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEEMAN, DEBBIE	
STREET ADDRESS	6510 NW 95TH LANE	
CITY-ST-ZIP	PARKLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLOOR, BARBARA	
STREET ADDRESS	1827 NW 82ND AVE	
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 checked="" type="checkbox"/> Addition
1.2 NAME	JUDY DUMBAULD	
1.3 STREET ADDRESS	11235 NW 43RD PLACE	
1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOPHIE WESTERHEIM	
2.3 STREET ADDRESS	5300 N. SPRINGS WAY	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LISA SOARS	
3.3 STREET ADDRESS	3677 HIGH PINE DRIVE	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RONALEE MEIER	
4.3 STREET ADDRESS	10083 NW 48 COURT	
4.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LINDA SIMMONS	
5.3 STREET ADDRESS	4458 KENSINGTON CI	
5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33076	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DOLORES MILLEMOTH	
6.3 STREET ADDRESS	8109 NW 71 COURT	
6.4 CITY-ST-ZIP	TAMARAC FL 33321	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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

SIGNATURE: *Judy Dumbauld* Date: 2-5-98 (954) 344-9880

CF2E037 (10/97)