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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90116 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22690

1. Corporation Name
NEWCOMERS CLUB OF CORAL SPRINGS, INC.

Principal Place of Business 1881 UNIVERSITY DRIVE P.O. BOX 8397 CORAL SPRINGS FL 33075-5397	Mailing Address POST OFFICE BOX 8397 CORAL SPRINGS FL 33071-6093 US
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2. Principal Place of Business 21	2a. Mailing Address 26 Post Office Box 8397	3. Date Incorporated or Qualified 09/28/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0016048
City & State 23	City & State Coral Springs FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29 33075	Country 30	

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
			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	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, RONALEE	1.2 NAME	Linda Finch
STREET ADDRESS	10023 NW 48TH COURT	1.3 STREET ADDRESS	8842 NW 20th Manor
CITY-ST-ZIP	CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTERHEIM, SOPIE	2.2 NAME	Vicky Cera
STREET ADDRESS	5300 N SPRINGS WAY	2.3 STREET ADDRESS	10281 NW 54th Place
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	Coral Springs FL 33076
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOARS, LISA	3.2 NAME	Barbara Kloor
STREET ADDRESS	3677 HIGH PINE DR	3.3 STREET ADDRESS	1927 NW 82nd Ave
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	Coral Springs FL 33071
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUMBAULD, JUDY	4.2 NAME	Ellen Turpin
STREET ADDRESS	11235 NW 43RD PL	4.3 STREET ADDRESS	7700 Lake Circle Bldg 5 #201
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	Margate FL 33065
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, LINDA	5.2 NAME	
STREET ADDRESS	4958 KENSINGTON CI	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL 33076	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLEMOTH, DOLORES	6.2 NAME	Barbara Schneider
STREET ADDRESS	8109 NW 71 COURT	6.3 STREET ADDRESS	8778 NW 27th St
CITY-ST-ZIP	TAMARAC FL 33321	6.4 CITY-ST-ZIP	Coral Springs FL 33065

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Barbara Schneider **SIGNATURE REQUIRED** 1/9/99 (954) 345-8085
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)