


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90038 050 \*\*\*\*61.25

<b>DOCUMENT # N22690</b>			
1. Entity Name <b>NEWCOMERS CLUB OF CORAL SPRINGS, INC.</b>			
Principal Place of Business <b>1881 UNIVERSITY DRIVE P.O. BOX 8397 CORAL SPRINGS FL 33075-5397</b>		Mailing Address <b>POST OFFICE BOX 8397 NEWCOMERS CLUB OF CORAL SPRINGS INC CORAL SPRINGS FL 33075 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0016048</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>DOYLE, RONA 8848 N.W. 45 PLACE CORAL SPRINGS FL 33065</b>		7. Name and Address of New Registered Agent Name <b>Elizabeth A. Rosado</b> Street Address (P.O. Box Number is Not Acceptable) <b>5036 NW 98 Way</b> City <b>Coral Springs, FL</b> Zip Code <b>33076</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth A. Rosado* **Treasurer Elizabeth A. Rosado** **3/3/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DIEHL, KATHY</b> <b>935 NW 118TH LANE</b> <b>CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Hamlin, Paula</b> <b>477 NW 99 Way</b> <b>Coral Springs FL 33071</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>HAMLIN, PAULA</b> <b>477 NW 99 WAY</b> <b>CORAL SPRINGS FL 33071</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Kasson, Nancy</b> <b>6330 NW 60 Way</b> <b>Parkland FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>PATERSON, JOANNE</b> <b>6588 NW 109 AVENUE</b> <b>PARKLAND FL 33076</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Anderson, Diane</b> <b>10014 NW 54 Place</b> <b>Coral Springs FL 33076</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSADO, BETH</b> <b>5036 NW 99 WAY</b> <b>CORAL SPRINGS FL 33076</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Kloor, Barbara</b> <b>1827 NW 82 Street</b> <b>Coral Springs FL 33071</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOYLE, RONA</b> <b>8848 NW 45 PLACE</b> <b>CORAL SPRINGS FL 33065</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Elizabeth A. Rosado</b> <b>5036 NW 98 Way</b> <b>Coral Springs FL 33076</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula K Hamlin* **PRESIDENT PAULA HAMLIN** **3-3-04 (954)344-7677**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #