## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 766563** 

INC.

Entity Name: PLANTATION RACQUET CLUB CONDOMINIUM ASSOCIATION,

**FILED** Apr 27, 2023 Secretary of State 6828653568CC

## **Current Principal Place of Business:**

10401 W. BROWARD BLVD. PLANTATION, FL 33324

## **Current Mailing Address:**

WEST BROWARD COMMUNITY MANAGEMENT 820 SOUTH STATE ROAD 7 PLANTATION, FL 33317

FEI Number: 59-2704963 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STEVENS, JOHN W 2 S. UNIVERSITY DRIVE **SUITE 329** PLANTATION, FL 33324 US

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.

SIGNATURE: JOHN W STEVENS III 04/27/2023

> Date Electronic Signature of Registered Agent

> > Title

**DIRECTOR** 

Officer/Director Detail:

**PRESIDENT** VΡ Title Title

Name SEMAN, SUSAN Name BROWN, BETHANN

Address WEST BROWARD COMMUNITY Address WEST BROWARD COMMUNITY

MANAGEMENT **MANAGEMENT** 

820 SOUTH STATE ROAD 7 820 SOUTH STATE ROAD 7

PLANTATION FL 33317 PLANTATION FL 33317 City-State-Zip: City-State-Zip:

SECRETARY Title **TREASURER** Title PONCE, DAVID Name EWAN, ALICIA Name

WEST BROWARD COMMUNITY WEST BROWARD COMMUNITY Address Address

> **MANAGEMENT MANAGEMENT**

820 SOUTH STATE ROAD 7 820 SOUTH STATE ROAD 7 PLANTATION FL 33317 PLANTATION FL 33317 City-State-Zip: City-State-Zip:

Name MATHURIN, SHERLEY Name HOSEIN, MOZZAM

Address 820 SOUTH STATE ROAD 7 Address 820 SOUTH STATE ROAD 7

PLANTATION FL 33317 City-State-Zip: PLANTATION FL 33317 City-State-Zip:

Title **DIRECTOR** 

Title

Name CHISTROPHE-HAYOT, JACQUELINE

Address 820 SOUTH STATE ROAD 7 City-State-Zip: PLANTATION FL 33317

DIRECTOR

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/27/2023 SIGNATURE: SUSAN SEMAN **PRESIDENT**