

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 766563

Entity Name: PLANTATION RACQUET CLUB CONDOMINIUM ASSOCIATION,
INC.

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

10/16/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name EWAN, ALICIA
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT
Name DJERASS, ITAY
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title VP
Name HOSEIN, MOZZAM
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title TREASURER
Name SABACH, RAMI
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name SEMAN, SUSAN
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name LEWIS, MARK
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name BELL, KATHERINE
Address WEST BROWARD COMMUNITY
MANAGEMENT
820 SOUTH STATE ROAD 7
City-State-Zip: PLANTATION FL 33317

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.

SIGNATURE: ITAY DJERASSI

P

10/16/2019

