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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705516

1. Corporation Name

PLANTATION ELKS CLUB, INC.

Principal Place of Business
7351 N.W. 5TH STREET
PLANTATION FL 33317

Mailing Address
7351 N.W. 5TH STREET
PLANTATION FL 33317



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/23/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0999956	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROBERT COLINI
262 SW 53RD AVE.
PLANTATION FL 33317

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, RICHARD	1.2 NAME	
STREET ADDRESS	102 SW 63RD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, RAYMOND	2.2 NAME	Ronald Sloan
STREET ADDRESS	3710 NW 88 AVENUE, #320	2.3 STREET ADDRESS	9360 Chelsea Drive, S
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT COLINI	3.2 NAME	
STREET ADDRESS	262 SW 53RD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARZECHA, STANLEY	4.2 NAME	Ted Waples
STREET ADDRESS	2701 NW 35 TERRACE	4.3 STREET ADDRESS	197 NW 108 Ave.
CITY-ST-ZIP	LAUDERDALE LAKES FL	4.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, ELLIOTT	5.2 NAME	
STREET ADDRESS	1338 NW 43 AVENUE #302	5.3 STREET ADDRESS	5138 A Lake Fro
CITY-ST-ZIP	LAUDERDALE FL	5.4 CITY-ST-ZIP	33484
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENEGHELLI, JOSEPH	6.2 NAME	
STREET ADDRESS	12650 ST RD #84 BOX 621	6.3 STREET ADDRESS	725 Azelea Ct.
CITY-ST-ZIP	DAVIE FL	6.4 CITY-ST-ZIP	Plantation 33317

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, with all other like empowered.

SIGNATURE: *Richard Nelson* SIGNATURE REQUIRED

4/14/99

954-587-6849

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Nelson Sec

Date

Daytime Phone #

CR2E037 (1/98)