

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764656 (5)

1. Corporation Name

PLANTATION NEWCOMERS CLUB, INC.

Principal Place of Business

**BOX 17142
PLANTATION FL 33318-4744**

Mailing Address

**BOX 17142
PLANTATION FL 33318-4744**



3. Date Incorporated or Qualified **08/23/1982** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2275183** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANDERSEN, SARAH
1431 LAUDERDALE W DR
PLANTATION FL 33322**

10. Name and Address of New Registered Agent

81 Name **Betty Lou Nanovsky**
 82 Street Address (P.O. Box Number is Not Acceptable)
110 SW 91st Ave.
Apt. # 308
 84 City **Plantation** **FL** 85 Zip Code **33324**

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 *Betty Lou Nanovsky* 5/16/96
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGRI, JULIA	1.2 NAME	Nanovsky, Betty Lou
STREET ADDRESS	10501 NW 17TH ST	1.3 STREET ADDRESS	110 SW 91st Ave, #308
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANOVSKY, BETTY LOU	2.2 NAME	FUINO, PATRICIA
STREET ADDRESS	1401 NW 101 TER	2.3 STREET ADDRESS	10431 NW 12th PLACE
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION FL 33322
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHAL, MINDY	3.2 NAME	ARMSTRONG, LINDA
STREET ADDRESS	842 NW 67 AVE	3.3 STREET ADDRESS	715 NW 101st TERRACE
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETLING, SALLIE	4.2 NAME	Tyrrell, Cathy
STREET ADDRESS	79 NW 98 TERR	4.3 STREET ADDRESS	1861 SW 55th Ave.
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation FL 33317
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELAN, LESLIE	5.2 NAME	DETLING, SALLIE
STREET ADDRESS	5331 SW 21 CT	5.3 STREET ADDRESS	79 NW 98 TERRACE
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZOLENI, SUE	6.2 NAME	SOKOL, CONNIE
STREET ADDRESS	8120 CLEARY BLVD, 1208	6.3 STREET ADDRESS	12653 NW 13th Ct
CITY-ST-ZIP	PLANTATION FL	6.4 CITY-ST-ZIP	Sunrise FL 33323

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Sue Mazzoleni* **Sue Mazzoleni** 5/1/96 (954) 472-2116
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)