

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90071 046 \*\*\*\*61.25

DOCUMENT # 764656

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/23/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2275183	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

FUINO, PATRICIA  
10431 NW 12TH PLACE  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name HARRIET ALEXANDER  
82 Street Address (P.O. Box Number is Not Acceptable) 1931 SW 81ST WAY  
83  
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

*Patricia Fuinto*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FVPD	1.1 TITLE	FVPD
NAME	HALL, ELLEN	1.2 NAME	MARCIA DAVID
STREET ADDRESS	54 NW 108TH TERRACE	1.3 STREET ADDRESS	661 SW 54TH AVE
CITY-ST-ZIP	PLANTATION FL 33324	1.4 CITY-ST-ZIP	PLANTATION FL 33317
TITLE	SVPD	2.1 TITLE	SVPD
NAME	LEVINE, DENISE	2.2 NAME	MICHELLE DUNN
STREET ADDRESS	262 S HIBISCUS COURT	2.3 STREET ADDRESS	360 NW 107TH AVE
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	CSDV	3.1 TITLE	CSDV
NAME	MARANA, PRICILLA	3.2 NAME	SALLY FLUR
STREET ADDRESS	10301 NW 7TH COURT	3.3 STREET ADDRESS	11092 NW 8TH CT
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	RSDS	4.1 TITLE	RSDS
NAME	RONDEPIERRE, SANDY	4.2 NAME	TODD HECHT
STREET ADDRESS	10935 WHITEHAWK ST	4.3 STREET ADDRESS	401 NW 95TH AVE
CITY-ST-ZIP	PLANTATION FL 33324	4.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	DT	5.1 TITLE	DT
NAME	SAMMIS, PAT	5.2 NAME	DANA WARDER
STREET ADDRESS	11501 NW 18TH COURT	5.3 STREET ADDRESS	1081 NW 25TH TER
CITY-ST-ZIP	PLANTATION FL 33323	5.4 CITY-ST-ZIP	PLANTATION FL 33313
TITLE	DP	6.1 TITLE	DP
NAME	FUINO, PATRICIA	6.2 NAME	HARRIET ALEXANDER
STREET ADDRESS	10431 NW 12TH PLACE	6.3 STREET ADDRESS	1931 SW 81ST WAY
CITY-ST-ZIP	PLANTATION FL 33322	6.4 CITY-ST-ZIP	DAVIE FL 33324

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:

*Patricia Fuinto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (954) 370-0119

Date

Daytime Phone #

CR2E037 (11/98)

0038152