2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90003 028 ****61.25

DOCUMENT # 764656

1. Entity Name
PLANTATION NEWCOMERS CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 16543 PLANTATION, FL 33318-4744	PO BOX 16543 PLANTATION, FL 33318-4744

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2275183 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOOM, MARSHA 800 NW 76 TERR PLANTATION, FL 33324	Name JOHANSEN, MARCIA Street Address (P.O. Box Number is Not Acceptable) 305 N.W. 78th AVE. City PLANTATION FL Zip Code 33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marcia E. Johansen 3/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	BLOOM, MARSHA	NAME	JOHANSEN, MARCIA
STREET ADDRESS	800 N.W. 76 TERR	STREET ADDRESS	305 N.W. 78th AVE.
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	PLANTATION, FL. 33324
TITLE	1VP ☒ Delete	TITLE	1VP ☒ Change ☐ Addition
NAME	SHETLER, ANNA	NAME	CARROLL, NANCY
STREET ADDRESS	11341 SW 4 ST	STREET ADDRESS	641 N.W. 110th AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325	CITY-ST-ZIP	PLANTATION, FL. 33324
TITLE	2VP ☒ Delete	TITLE	2VP ☒ Change ☐ Addition
NAME	KANTROWITZ, BEA	NAME	DAVID, MARCIA
STREET ADDRESS	9501 NW 18 DRIVE	STREET ADDRESS	661 S.W. 54th AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33322	CITY-ST-ZIP	PLANTATION, FL. 33317
TITLE	3VP ☒ Delete	TITLE	3VP ☒ Change ☐ Addition
NAME	JOHNANSEN, MARCIA	NAME	BROWN, MICHELLE
STREET ADDRESS	305 NW 78 AVE	STREET ADDRESS	11200 N.W. 6th ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324	CITY-ST-ZIP	PLANTATION, FL. 33325
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DETTLING, SALLIE	NAME	
STREET ADDRESS	79NW 98 TERR	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROSTOFER, DOTTIE	NAME	
STREET ADDRESS	9565 N.W. 9TH CT	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33324	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia E. Johansen 3/13/08 954-473-0371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #