2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764656

1. Entity Name

PLANTATION NEWCOMERS CLUB, INC.

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FILED May 27, 2003 8:00 am \$ Secretary of State 05-27-2003 90165 001 ****61.25

					600 WE 11						
Principal Place of Business PO 60X 16543 PLANTATION FL 33318-4744			Mailing Address PO BOX 16543 PLANTATION FL 33318-4744								
2. Principal P	lace of Busin	ness	3. Mailing Address	. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2275183 Applied For				
Zip		Country	Zip	try		Not Applicable \$8.75 Additional					
			logistated Agest				5. Certificate of Status Desired Fee Required				
<u>.</u>	b. Name	and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent						
DAVID, MARCIA J					Street Address (P.O. Box Number is Not Acceptable)						
661 SW 54 AVE					10351 N.W 12 COURT						
PLANTAT	10N FL 333	317			PLA	NT	ATION				
					City			F	L Zip Coo	e 2 2 2	
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 Blanche a. Strouse 5/22/03											
SIGNATURE .	Signature, typed	or printed name of registered agant ar	d title if applicable. (NOTE:	Registered A	gent signature	required v	when reinstating)	DATE			
			_ 								
FILE NOW: FEE IS \$61.25					· ·		\$5.00 May Be		ck Payable		
			Trust Fund Co	ntribution	n. L_		Added to Fees	Florida Dep	artment of	State	
10.		OFFICERS AND DIRE	CTORS	11.			DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	N 10	
TITLE :	PD:	10014	Delete	TITLE	<u>_</u>	P/D	STA	ause	Change	☐ Addition	
NAME STREET ADDRESS	DAVID, MA			NAME	ADDRESS /	5 L A	NCHE STR	. Cou r t			
CITY-ST-ZIP		ON FL 33317		CITY-S	T-ZIP	ρ_{IA}	SI NW 1-	FL 33321		.	
TITLE	1VT	011 12 000 17	Delete	TITLE	- is	77/1	D	1 0 37741	Change	Addition	
NAME		H, JEANNE	-	NAME	l'i	Dor	OTHY POZE	HL	4	'	
	-10517-NW	10.CT	Service of the servic								
CITY-ST-ZIP	2VT	IDERDALE FL 33322		CITY-S		/ <i>LA</i>),	TATION, FO	33317	D 0		
TITLE NAME	POZEHL,	DOROTHY	Delete	TITLE NAME			IE BERNI	GEN	Change	Addition	
STREET ADDRESS	832 SW 5				ADDRESS	198	1 NW 24 S	TREET			
CITY-ST-ZIP		IDERDALE FL 33317		CITY-S	T-ZIP P	LAN	TATION FL	33323			
TITLE	3VP	MATALIC	Delete	TITLE	2	1/	UNE LEDNOI		□ Change	☐ Addition	
NAME STREET ADDRESS	ERHARD, 7440 SW			NAME	ADDRESS /	1844 11/11	7 NW 10th	Court		{	
CITY-ST-ZIP		IDERDALE FL 33317		CITY-S	I -	_	NTATION F	_		į	
TITLE	ST		Delete	TITLE	S			<u> </u>	Change	Addition	
NAME	DONSKY,			NAME			SO DANNEM		J	{	
STREET ADDRESS	10514 NW						20 NW 10	•		7	
CITY-ST-ZIP	TT LAU	IDERDALE FL 33322		CITY-ST			NTATION	-6 33322			
TITLE NAME	HAYES, M	AUREEN	Delete	TITLE NAME			TIE ROSTORI	e R	□ Change	☐ Addition	
STREET ADDRESS		NARY ISLAND CT		1	ADDRESS 4	156	5 NW 9th	COGET		ļ	
CITY-ST-ZIP	DAVIE FL			CITY-S1				FL 33324		{	
10 I becales a			- CC - 1 CC				440 07(0)() F:				

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 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:

BLANCHE A. STROUSE

954-423-4023