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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K90091

(5)

1. Corporation Name

GOLF CLUB OF PLANTATION, INC.

Principal Place of Business

7050 W BROWARD BLVD
PLANTATION FL 33317
US

Mailing Address

7050 W BROWARD BLVD
PLANTATION FL 33317-2209
US

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

02/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0121418

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASTRO, PAT
7050 W BROWARD BLVD
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME
NASTRO, PAT
STREET ADDRESS
470 SW 101 TERRACE
CITY-ST-ZIP
PLANTATION FL 33319

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

S
NAME
HOLL, JOSEPH
STREET ADDRESS
230 CLAY AVENUE
CITY-ST-ZIP
LYNDHURST NJ 07071

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

VP
NAME
LUCIANI, LINDA
STREET ADDRESS
8930 JACARANDA LANE
CITY-ST-ZIP
PLANTATION FL 33324

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-97 - 954-585-5310

CR2E034 (9/96)