


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90004 004 ***150.00

DOCUMENT # K90091 1. Entity Name GOLF CLUB OF PLANTATION, INC.	
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Principal Place of Business 8537 N.W. 60TH COURT PARKLAND, FL 33067-5016 US	Mailing Address 8537 N.W. 60TH COURT PARKLAND, FL 33067-5016 US <i>5150 NW 88th Lane Coral Springs Fl. 33067</i>
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44004748



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0121418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NASTRO, PAT 8537 N.W. 60TH COURT PARKLAND, FL 33067-5016
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NASTRO, PAT <i>8537 N.W. 60TH COURT 5150 NW 88th Lane PARKLAND, FL 33067-5016 Coral Springs 33067</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HOLL, JOSEPH 230 CLAY AVENUE LYNDHURST, NJ 07071
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #