

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90053 019 ****61.25

DOCUMENT # N00000001152					
1. Entity Name SENIOR CLUB OF PLANTATION, INC.					
Principal Place of Business DEICKE AUDITORIUM 5701 CYPRESS ROAD PLANTATION, FL 33317			Mailing Address C/O E. THICKMAN 1709 N.W. 71 AVENUE PLANTATION, FL 33313		
2. Principal Place of Business		3. Mailing Address 96 J. ANDROK			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1712 N.W. 71st AVENUE			
City & State		City & State PLANTATION, FL.		4. FEI Number 65-0937998	
Zip		Zip 33313		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THICKMAN, ELIAINE 1709 N.W. 71 AVENUE PLANTATION, FL 33313			7. Name and Address of New Registered Agent Name: J. ANDROK Street Address (P.O. Box Number is Not Acceptable): 1712 N.W. 71st AVENUE City: PLANTATION FL Zip Code: 33313		
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: <i>J. Androk</i> J. ANDROK, TREASURER <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 2/1/2005)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ACTON, JACK 6061 SW 8TH CT PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, MILTON 6755 BROWARD BLVD PLANTATION, FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THICKMAN, ELAINE 1709 N.W. 71 AVENUE PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDROK, JAYE 1712 N.W. 71st AVENUE PLANTATION, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDROK, JAYE 1712 N.W. 71 AVENUE PLANTATION, FL 33313	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ACTING) ETHEL PERRY 6855 W. BROWARD BLVD. PLANTATION, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>Jack Acton</i> JACK ACTON, PRESIDENT, DIRECTOR, 2/1/2005, 954-583-5425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					