2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # N00000001152 1. Entity Name 02-22-2006 90005 030 ****61.25 SENIOR CLUB OF PLANTATION, INC. Principal Place of Business Mailing Address C/O J ANDROK ANDROK **DEICKE AUDITRIUM** 5701 CYPRESS ROAD PLANTATION FL 33317 1712 NW 71ST AVENUE PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0937998 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDROK, J Street Address (P.O. Box Number is Not Acceptable) 1712 NW 71ST AVENUE PLANTATION FL 33313 City Zip Code 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 reinstaling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. ... Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ACTON, JACK NAME NAME 6061 SW 8TH CT STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Change ☐ Addition Delete TITLE KAMPF, GENA 1724 N. W. 73RD AVENUE COHEN, MILTON MALAF NAME 6755 BBOWARD BLVD STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIF CITY-S1-ZIP TIT! E ☐ Defete FITLE ☐ Change ☐ Addition ANDROK, JAYE NAME STREET ADDRESS 1712 NW 71ST AVENUE STREET ADDRESS CITY-ST-7IP PLANTATION FL 33313 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE fiTLE PERRY, ETHEL NAME NAME 400 B STREET ADDRESS 6855 W BROWARD BLVD STREET ADDRESS PLANTATION FL 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Change ☐ Addition TITLE TOLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

President

SIGNATURE

18 106

FILED