2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 30, 2004
Secretary of State

DOCUMENT# N00000001173

Entity Name: PLANTATION COUNTRY CLUB ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4501 SW FIRST STREET
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4501 SW FIRST STREET
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0251599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODESS, MICHAEL
4501 SW FIRST STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	BURCH, NANCY A	
Address:	4044 SW 4TH STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	D	( ) Delete
Name:	RADAUNO, DAWN	
Address:	4168 SW 5TH STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	D	( ) Delete
Name:	LEVY, ROBERT	
Address:	4051 SW 1ST STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	P	( ) Delete
Name:	HAWK, PRISCILLA A	
Address:	4041 SW 5TH STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	T	( ) Delete
Name:	STROUSS, CHARLENE	
Address:	971 E COUNTRY CLUB CIRCLE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	D	( ) Delete
Name:	GIUSGINO, DANIEL L	
Address:	4211 SW 7TH STREET	
City-St-Zip:	PLANTATION, FL 33317	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ODESS D 11/30/2004
Electronic Signature of Signing Officer or Director — Date