

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001173

FILED
Mar 19, 2008
Secretary of State

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: P () Delete
Name: GARDNER, TIM
Address: 4351 E. COUNTRY CLUB CIRCLE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: RADAUNO, DAWN
Address: 4108 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: D () Delete
Name: HAWK, PRISCILLA A
Address: 4041 SW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: VP,S () Delete
Name: MERCOGLIANO, JOESPH
Address: 935 SW 42 AVE.
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: LAYUN, HELGA
Address: 4049 SW 5TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: STRAUSS, CHARLENE
Address: 971 E. COUNTRY CLUB CIRCLE
City-St-Zip: PLANTATION, FL 33317

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

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

Title: SEC (X) Change () Addition
Name: BURCH, NANCY
Address: 4044 SW 4TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: P (X) Change () Addition
Name: MERCOGLIANO, JOESPH
Address: 935 SW 42 AVE.
City-St-Zip: PLANTATION, FL 33317

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/19/2008

Electronic Signature of Signing Officer or Director

Date