

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90316 025 ****70.00

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1. Entity Name

**PLANTATION COUNTRY CLUB ESTATES HOMEOWNERS' ASSO
CIATION, INC.**



Principal Place of Business

**4501 SW FIRST STREET
PLANTATION FL 33317**

Mailing Address

**4501 SW FIRST STREET
PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0251599**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	S	<input type="checkbox"/> Delete
NAME	BURCH, NANCY A	
STREET ADDRESS	4044 SW 4TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	RADAUNO, DAWN	
STREET ADDRESS	4168 SW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, ROBERT	
STREET ADDRESS	4051 SW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	P	<input type="checkbox"/> Delete
NAME	HAWK, PRISCILLA A	
STREET ADDRESS	4041 SW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	T	<input type="checkbox"/> Delete
NAME	STROUSS, CHARLENE	
STREET ADDRESS	971 E COUNTRY CLUB CIRCLE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIUSGINO, DANIEL L	
STREET ADDRESS	4211 SW 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Lard	
STREET ADDRESS	4230 SW 7TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Ritter	
STREET ADDRESS	4053 S.W. 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Fornicola	
STREET ADDRESS	948 Pine Ridge Dr	
CITY-ST-ZIP	Plantation FL 33317	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Odess	
STREET ADDRESS	4501 SW First Street	
CITY-ST-ZIP	Plantation FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Priscilla A. Hawk **Priscilla A. Hawk**

3/5/03 954-5876362

CR2E037 (10/02)