FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37665 (9)

1. Corporation Name

PLANTATION GROVE WEST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~%CHARLES SHARMAN~~ ~~901 N. LAKE DESTINY DRIVE, STE. 185~~ ~~MAITLAND FL 32751~~	2180 WEST S.R. 434 SUITE 5000 LONGWOOD FL 32779 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3042991 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2180 WEST SR 434	26
Suite, Apt. #, etc. 22 SUITE 5000	Suite, Apt. #, etc. 27
City & State 23 LONGWOOD FL	City & State 28
Zip / Country 24 32779-5044 25 USA	Zip / Country 29 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HART, JAMES W. J
SENTRY MANAGEMENT, INC.
2180 WEST S.R. 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~SHARMAN, CHARLES C.~~	1.2 NAME	RUSHING, PENNY L
STREET ADDRESS	~~901 N. LAKE DESTINY DR., STE 185~~	1.3 STREET ADDRESS	11007 GROVESHIRE CT
CITY-ST-ZIP	~~MAITLAND FL~~	1.4 CITY-ST-ZIP	OCOEE FL 34761
TITLE	~~VD~~	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	~~HANSON, JACK B~~	2.2 NAME	TREADWELL, E. F.
STREET ADDRESS	~~901 N. LAKE DESTINY DR., STE 185~~	2.3 STREET ADDRESS	11022 ORANGESHIRE CT
CITY-ST-ZIP	~~MAITLAND FL~~	2.4 CITY-ST-ZIP	OCOEE FL 34761
TITLE	~~SD~~	3.1 TITLE	S/TD ☐ Change ☐ Addition
NAME	~~MONTGOMERY, KATHERINE~~	3.2 NAME	LAVALETTE, VINCENN
STREET ADDRESS	~~901 LAKE DESTINY DR., STE 185~~	3.3 STREET ADDRESS	820 GROVESMERE LOOP
CITY-ST-ZIP	~~MAITLAND FL~~	3.4 CITY-ST-ZIP	OCOEE FL 34761
TITLE		4.1 TITLE	D ☐ Change ☐ Addition
NAME		4.2 NAME	BLAIS, JACQUES
STREET ADDRESS		4.3 STREET ADDRESS	836 GROVESMERE LOOP
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OCOEE FL 34761
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

~~E~~MITTED BY MAY 1.
#Deposited by Bank CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/21/95 (407) 839-1775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PENNY L. RUSHING

0003302