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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37665 (9)

1. Corporation Name

PLANTATION GROVE WEST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR. 434
SUITE 5000
LONGWOOD FL 32779-5044

2180 WEST SR. 434
SUITE 5000
LONGWOOD FL 32779-5044

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOEWEN, TERRY	
STREET ADDRESS	840 GROVESMERE LOOP	
CITY-ST-ZIP	OCOE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SEKETA, BOB	
STREET ADDRESS	11014 GROVESHIRE CT	
CITY-ST-ZIP	OCOE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAVALLETTE, VINCENN	
STREET ADDRESS	820 GROVESMERE LOOP	
CITY-ST-ZIP	OCEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLAIS, JACQUES	
STREET ADDRESS	836 GROVESHIRE CT.	
CITY-ST-ZIP	OCOE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, JOANNE	
STREET ADDRESS	814 GROVESMERE LOOP	
CITY-ST-ZIP	OCOE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PENNY RUSHING	
2.3 STREET ADDRESS	11007 GROVESHIRE COURT	
2.4 CITY-ST-ZIP	OCOE FL 34761	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK CRAWLEY	
4.3 STREET ADDRESS	11010 GROVESHIRE COURT	
4.4 CITY-ST-ZIP	OCOE FL 34761	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)