


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90050 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37665					
1. Corporation Name PLANTATION GROVE WEST ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR. 434 SUITE 5000 LONGWOOD FL 32779-5044			Mailing Address 2180 WEST SR. 434 SUITE 5000 LONGWOOD FL 32779-5044		
2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/16/1990 4. FEI Number 59-3042991 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> DELETE			
NAME	LOEWEN, TERRY				
STREET ADDRESS	840 GROVESMERE LOOP				
CITY-ST-ZIP	OCOE FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	RUSHING, PENNY				
STREET ADDRESS	11007 GROVESHIRE COURT				
CITY-ST-ZIP	OCOE FL				
TITLE	SD	<input checked="" type="checkbox"/> DELETE			
NAME	LAVALLETTE, VINCENN				
STREET ADDRESS	820 GROVESMERE LOOP				
CITY-ST-ZIP	OCOE FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	BLAIS, JACQUES				
STREET ADDRESS	836 GROVESHIRE CT.				
CITY-ST-ZIP	OCOE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CRAWLEY, MARK				
STREET ADDRESS	11010 GROVESHIRE COURT				
CITY-ST-ZIP	OCOE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Stephens, David				
1.3 STREET ADDRESS	902 Grovesmere Loop				
1.4 CITY-ST-ZIP	Ocoee FL 34761				
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Morganto, Rosemarie				
2.3 STREET ADDRESS	11012 Groveshire Court				
2.4 CITY-ST-ZIP	Ocoee FL 34761				
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	MacIntyre, David				
3.3 STREET ADDRESS	919 Grovesmere Loop				
3.4 CITY-ST-ZIP	Ocoee, FL 34761				
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Hutson, Margaret				
4.3 STREET ADDRESS	11007 Orangeshire Court				
4.4 CITY-ST-ZIP	Ocoee, 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
Date

Daytime Phone #

CR2E037 (1/98)