

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90016 020 \*\*\*\*61.25

**DOCUMENT # N37665**

1. Entity Name  
PLANTATION GROVE WEST ASSOCIATION, INC.



Principal Place of Business  
2582 S. MAGUIRE RD.  
SUITE 318  
OCOE, FL 34761

Mailing Address  
2582 S. MAGUIRE RD.  
SUITE 318  
OCOE, FL 34761



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3042991

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

SOLOMON, SPENCER  
113 DESIREE AURORA ST.  
WINTER GARDEN, FL 34787

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 PD ☒ Delete  
NAME RUSHING, MIKE  
STREET ADDRESS 11007 GROVESHIRE CT  
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☒ Addition  
NAME MIKE LESS  
STREET ADDRESS 925 GROVESHIRE LOOP  
CITY-ST-ZIP OCOEE, FL 34761

TITLE VD ☒ Delete  
NAME HASSELL, CHRIS  
STREET ADDRESS 11001 GROVESHIRE COURT  
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☒ Addition  
NAME REY HGINEKE  
STREET ADDRESS 820 GROVESHIRE LOOP  
CITY-ST-ZIP OCOEE, FL 34761

TITLE SD ☐ Delete  
NAME TURNER, JACK  
STREET ADDRESS 923 GROVESHIRE LOOP  
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME NASSER, FAZLULANI  
STREET ADDRESS 951 GROVESHIRE LP  
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LAVALETTE, VINNIE  
STREET ADDRESS 820 GROVESHIRE LOOP  
CITY-ST-ZIP OCOEE, FL 34761

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME CANDESE HESS  
STREET ADDRESS 831 GROVESHIRE LOOP  
CITY-ST-ZIP OCOEE, FL 34761

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 amendment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/04 407-656-1061