

AMENDED


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-26-2004 90539 020 \*\*\*61.25

N37665

04 MAY -5 PM 1:18

TALLAHASSEE, FLORIDA

<b>DOCUMENT # N37665</b>					
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	
4. FEI Number 59-3042991				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <i>Spencer R. Solomon</i> SPENCER R. SOLOMON 4-22-04					
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. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSHING, MIKE		NAME	REX HEINEKE	
STREET ADDRESS	11007 GROVESHIRE CT		STREET ADDRESS	810 GROVESHIRE LOOP	
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP	OCOE, FL 34761	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASSELL, CHRIS		NAME	MIKE VEGG	
STREET ADDRESS	11001 GROVESHIRE COURT		STREET ADDRESS	925 GROVESHIRE LOOP	
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP	OCOE, FL 34761	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	TURNER, JACK		NAME		
STREET ADDRESS	923 GROVESHIRE LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSER, FAZLULANI		NAME		
STREET ADDRESS	951 GROVESHIRE LP		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVALLETTE, VINNIE		NAME		
STREET ADDRESS	820 GROVESHIRE LOOP		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Vinnie Lavallette</i> 4/21/04 407.656-1081					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					