
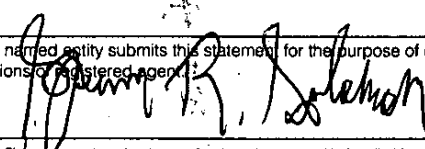
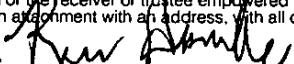


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90441 014 \*\*\*\*61.50

<b>DOCUMENT # N37665</b> 1. Entity Name <b>PLANTATION GROVE WEST ASSOCIATION, INC.</b>					
Principal Place of Business <b>2582 S. MAGUIRE RD. SUITE 318 OCOE, FL 34761</b>			Mailing Address <b>2582 S. MAGUIRE RD. SUITE 318 OCOE, FL 34761</b>		
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 <b>59-3042991</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOLOMON, SPENCER 113 DESIREE AURORA ST. WINTER GARDEN, FL 34787</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <b>4/18/05</b>  <small>DATE</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25. Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEGG, MIKE</b>		NAME		
STREET ADDRESS	<b>925 GROVESMERE LOOP</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCOE, FL 34761</b>		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEINEKE, REX</b>		NAME		
STREET ADDRESS	<b>810 GROVESMERE LOOP</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCOE, FL 34761</b>		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TURNER, JACK</b>		NAME		
STREET ADDRESS	<b>923 GROVESMERE LOOP</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCOE, FL 34761</b>		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAVLETTE, VINNIE</b>		NAME		
STREET ADDRESS	<b>820 GROVESMERE LOOP</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>OCOE, FL 34761</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>CAMPACE LEGG</b>	
STREET ADDRESS			STREET ADDRESS	<b>931 GROVESMERE LOOP</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>OCOE, FL 34761</b>	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> <b>4/18/05</b>  <small>Date</small> </div> <div> <b>407-656-1081</b>  <small>Daytime Phone #</small> </div> </div>		