2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N37665

Entity Name: PLANTATION GROVE WEST ASSOCIATION, INC.

Current Principal Place of Business:

2582 S. MAGUIRE RD.
SUITE 318
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778

New Mailing Address:

FEI Number: 59-3042991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, SPENCER
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEGG, MIKE
Address: 925 GROVESMERE LOOP
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: HALL, STACY
Address: 11004 GROVESHIRE CT.
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete
Name: TURNER, JACK
Address: 923 GROVESMERE LOOP
City-St-Zip: OCOEE, FL 34761

Title: SD ( ) Delete
Name: LAVALETTE, VINNIE
Address: 820 GROVESMERE LOOP
City-St-Zip: OCOEE, FL 34761

Title: TD ( ) Delete
Name: HESS, CANDACE
Address: 831 GROVESMERE LOOP
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SPENCER SOLOMON RA 03/26/2008

Electronic Signature of Signing Officer or Director — Date