

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90240 035 ****61.25

DOCUMENT # N37665

1. Entity Name

PLANTATION GROVE WEST ASSOCIATION, INC.



Principal Place of Business

**1350 ORANGE AVE
STE 100
WINTER PARK FL 32789**

Mailing Address

**1350 ORANGE AVE
STE 100
WINTER PARK FL 32789**

2. Principal Place of Business

2582 S. MAGUIRE RD.

3. Mailing Address

2582 S. MAGUIRE RD.

Suite, Apt. #, etc.

#314

Suite, Apt. #, etc.

#314

City & State

OCFEE, FL

City & State

OCFEE, FL

Zip

34761

Country

Zip

34761

Country



☐ CHECK HERE IF MAKING CHANGES

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

**PHILLIPS, ROGER V
SENTRY MANAGEMENT, INC.
1350 ORANGE AVE STE 100
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **SPENCER SOLOMON**
Street Address **115 DESIRE AVENUE ST.**
City **WINTER GARDEN** FL **34787**

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

Spencer R. Solomon

SPENCER R. SOLOMON

3/24/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSHING, MIKE 11007 GROVESHIRE CT OCFEE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASSELL, CHRIS 11001 GROVESHIRE COURT OCFEE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACINTYRE, DAVID 923 GROVESMERE LOOP OCFEE FL 34761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUTSON, MARGARET 11007 ORANGESHIRE CT OCFEE FL 34761	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVALLETTE, VINNIE 820 GROVESMERE LOOP OCFEE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACK TURNER 923 GROVESMERE LOOP OCFEE FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASSER FAZLULAH 951 GROVESMERE LOOP OCFEE, FL 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAVALLETTE VINNIE 820 GROVESMERE LOOP OCFEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Michael A. Rushing

3/24/03

CR2E037 (10/02)