## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19028

FILED Apr 24, 2009 Secretary of State

Entity Name: PLANTATION GROVE MOBILE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
4801-9TH   BOX 274	STREET E.				
	ON, FL 34203				
Current Mailing Address:			New Maili	New Mailing Address:	
BOX 274	STREET E. ON, FL 34203				
FEI Number:	: 59-2781421	FEI Number Applied For ( )	FEI Number Not Appl	icable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	ARL H IST E BOX 207 ON, FL 34203				
	named entity s e of Florida.	ubmits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIRECT	rors:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () COELLER, PAT 1009 48TH AVE BRADENTON, F	DR E	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition HOFFMAN, GLENN 4702 11TH.ST. COURT EAST BRADENTON, FL 34203	
Title: Name: Address: City-St-Zip:	S () GIVLER, DORO 4721 10TH ST C BRADENTON, F	CT E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () BURGESS, HEN 1106 46TH AVE BRADENTON, F	E	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition KRUPP, KATHLEEN 4804 10TH. ST. EAST BRADENTON, FL 34203	
Title: Name: Address: City-St-Zip:	D () GOOD, BELIND 4722 10TH ST E BRADENTON, F	Ĭ.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () HAASE, RICHAF 4738 11TH ST E BRADENTON, F	:	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () MACK, CERI 4706 11TH ST C BRADENTON, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: GLEEN HOFFMAN PRES 04/24/2009