

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37665

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** PLANTATION GROVE WEST ASSOCIATION, INC.

**Current Principal Place of Business:**

13350 W COLONIAL DR  
SUITE 330  
WINTER GARDEN, FL 34787

**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  
13350 W COLONIAL DR  
SUITE 330  
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  
**Name:** LEGG, MIKE  
**Address:** 925 GROVESMERE LOOP  
**City-St-Zip:** OCOEE, FL 34761

**Title:** D  
**Name:** ARRANT, DREW  
**Address:** 911 GROVESMERE LOOP  
**City-St-Zip:** OCOEE, FL 34761

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

**Title:** SD  
**Name:** MORGANTO, ROSEMARIE  
**Address:** 11012 GROVESHIRE CT  
**City-St-Zip:** OCOEE, FL 34761

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

I hereby 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 all other like empowered.

**SIGNATURE:** SPENCER SOLOMON

RA

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date