


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Cotton.

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000000197					
1. Entity Name PLANTATION GROVE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business MANAGEMENT SPECIALIST 4400 NW 36 AVENUE GAINESVILLE, FL 32606			Mailing Address 1223 N.W. 114TH DRIVE GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02212005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3463867				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIPPE, PAT 4400 NW 36 AVE GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLETCHER, GEORGE E		NAME		
STREET ADDRESS	1223 N.W. 114TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTLEY, ROBERT		NAME		
STREET ADDRESS	3565 N.W. 97TH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLETCHER, GLORIA W		NAME		
STREET ADDRESS	1223 N.W. 114TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
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		
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		
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)(f), 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: _____ GEORGE E. FLETCHER 3-405 352-332 8383					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					