

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000197

1. Entity Name
PLANTATION GROVE NEIGHBORHOOD ASSOCIATION,
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 20 PM 2:30

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 - No P.O. Box #

3. Mailing Address

5208 SW 91 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE D

City & State

GAINESVILLE FL

Zip

Country

32608

Country

USA

4. FEI Number
59-3463867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIPPE, PAT
4400 NW 36 AVE
GAINESVILLE, FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable) 5208 SW 91st Dr

SUITE D

City

Gainesville

FL

Zip Code

32608

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

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 PD ☐ Delete
NAME FLETCHER, GEORGE E
STREET ADDRESS 1223 N.W. 114TH DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE VD ☐ Delete
NAME HARTLEY, ROBERT
STREET ADDRESS 3565 N.W. 97TH BLVD.
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE SD ☐ Delete
NAME FLETCHER, GLORIA W
STREET ADDRESS 1223 N.W. 114TH DRIVE
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000111460320
CITY-ST-ZIP 10/29/07--01064--007 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000111460320
CITY-ST-ZIP 12/05/07--01024--010 **\$175.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-07

Date

Daytime Phone #

B 12/24/07
REINSTATEMENT 07