

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000197

FILED
Jan 18, 2008
Secretary of State

Entity Name: PLANTATION GROVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

MANAGEMENT SPECIALIST
4400 NW 36 AVENUE
GAINESVILLE, FL 32606

New Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

Current Mailing Address:

5208 SW 91 DRIVE
STE D
GAINESVILLE, FL 32608 US

New Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608

FEI Number: 59-3463867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE, PAT
4400 NW 36 AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

TRIPPE, PAT
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

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:

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLETCHER, GEORGE E
Address: 1223 N.W. 114TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: HARTLEY, ROBERT
Address: 3565 N.W. 97TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: FLETCHER, GLORIA W
Address: 1223 N.W. 114TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE FLETCHER

PD

01/18/2008

Electronic Signature of Signing Officer or Director

Date