2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N95000005096

Entity Name: PLANTATION COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

145 SO. ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

2345 SAND LAKE ROAD
STE 100
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3001407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KORSHAK, STEVEN D ESQ
2345 SAND LAKE ROAD STE 120
ORLANDO, FL 32809 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: D ( ) Delete
Name: WHITTINGTON, STANLEY
Address: 2345 SAND LAKE RD., SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: FELICIANO, LUIS
Address: 2345 SAND LAKE RD., SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: ST ( ) Delete
Name: ERFURTH, CARY J
Address: 2345 SAND LAKE RD., SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: P ( ) Delete
Name: BANKS, THOMAS
Address: 2345 SAND LAKE RD., SUITE 100
City-St-Zip: ORLANDO, FL 32809

Title: VPD ( ) Delete
Name: LAMPRICHT, ALFRED
Address: 2345 SAND LAKE RD., SUITE 100
City-St-Zip: ORLANDO, FL 32809

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:

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 for the exemption stated in Section 119.07(3)(i), 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: CARY J. ERFURTH ST 04/29/2004

Electronic Signature of Signing Officer or Director — Date