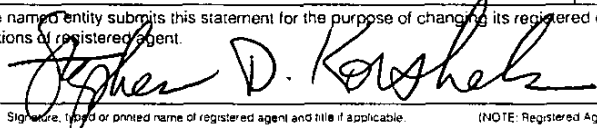
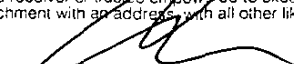


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90390 002 ****70.00

DOCUMENT # N95000005096 1. Entity Name PLANTATION COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 145 SO. ATLANTIC AVENUE ORMOND BEACH, FL 32176			Mailing Address 2345 SAND LAKE ROAD STE 100 ORLANDO, FL 32809		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8680 Commodity Circle Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59300140X 59-3437799	
Zip 32819		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORSHAK, STEVEN D ESQ 2345 SAND LAKE ROAD STE 120 ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Stephen D. Korshak, Esq. Street Address (P.O. Box Number is Not Acceptable) 8680 Commodity Circle, Suite 101 City Orlando FL 32819	
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 May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITTINGTON, STANLEY 2345 SAND LAKE RD., SUITE 100 ORLANDO, FL 32809	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sanders, Nancy 8680 Commodity Circle Orlando, FL 32819	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELICIANO, LUIS 2345 SAND LAKE RD., SUITE 100 ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Feliciano, Luis 8680 Commodity Circle Orlando, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ERFURTH, CARY J 2345 SAND LAKE RD., SUITE 100 ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST Erfurth, Cary J. 8680 Commodity Circle Orlando, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BANKS, THOMAS 2345 SAND LAKE RD., SUITE 100 ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Banks, Thomas 8680 Commodity Circle Orlando, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LAMPRICHT, ALFRED 2345 SAND LAKE RD., SUITE 100 ORLANDO, FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Lampricht, Alfred 8680 Commodity Circle Orlando, FL 32819	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/14/05 407-859-8900 Date Caylene Phone #		