2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90390 002 ****70.00

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1. Entity Name
PLANTATION COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
145 SO. ATLANTIC AVENUE ORMOND BEACH, FL 32176	2345 SAND LAKE ROAD STE 100 ORLANDO, FL 32809

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8680 Commodity Circle Suite, Apt. #, etc.
City & State	Orlando, FL City & State
Zip / Country	32819 / USA Zip / Country

4. FEI Number 59-3437799 ☐ Applied For ☐ Not Applicable

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** Zip Code: 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: Stephen D. Korshak
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: _____ 4/14/05 407-859-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #