

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005096

FILED
Jan 07, 2009
Secretary of State

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:

8680 COMMODITY CIR
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3437799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KORSHAK, STEVEN D ESQ
8680 COMMODITY CIR STE 101
ORLANDO, FL 32819 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: DP () Delete
Name: RUSSANO, ROBERT
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: KOSKI, MEL
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: DS () Delete
Name: ERFURTH, CARY J
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: DT () Delete
Name: BANKS, THOMAS
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: DV () Delete
Name: LAMMRECHT, ALFRED
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ARNOLD, ROBERT
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change () Addition
Name: ERFURTH, CARY J
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change () Addition
Name: SANDY, LLOYD
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

Title: DV (X) Change () Addition
Name: LAMPRECHT, ALFRED
Address: 8680 COMMODITY CIR
City-St-Zip: ORLANDO, FL 32819

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: CARY J. ERFURTH

STD

01/07/2009

Electronic Signature of Signing Officer or Director

Date