2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90162 033 ****61.25

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1. Entity Name
THE PLANTATION AT LEESBURG, GOLFVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
25031 CRANES ROAST LEESBURG, FL 34748	25031 CRANES ROAST LEESBURG, FL 34748

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2024030 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THIELE, EARL H 25201 HWY 27 LEESBURG, FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD MASON, JACK 25031 CRANES ROOST CIR. LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD James, William 4519 Eaglewood Dr Leesburg, FL 34748	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MASON, JACK 25031 CRANES ROAST CT. LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Malament, Jerome 24914 Cranes Roost Cir Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JAMES, WILLIAM 4519 EAGLE WOOD DR. LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SKARBOWSKI, ELAINE 24849 Cranes Roost cir Leesburg, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NOSEK, PALMA 4524 EAGLE WOOD DR. LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILLER, LINDA 4504 Eaglewood Dr (4504) Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, PAT 24838 CRANES ROOST CIR LEESBURG, FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PROVOST, RENE 24917 Cranes Roost Cir Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, EILEEN 25251 CRANES ROOST CIR LEESBURG, FL 34748	☒ 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: Elaine Skarbowski - ELAINE SKARBOWSKI, Treas 3-08-05 352-435-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #