## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2008 8:00 am Secretary of State

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DOCUMENT # N9700002016  1. Entity Name THE PLANTATION AT LEESBURG, GOLFVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.					Secretary of State 04-11-2008 90046 037 ****61.25				
Principal Place of Business 25031 CRANES ROAST LEESBURG, FL 34748		Mailing Address 25031 CRANES ROAST LEESBURG, FL 34748						MB1 B1 1881	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232008 C	Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 56-2024030			<b>→</b>	plied For Applicable
Zip	Country	Zip	Country	7	5. Certificate of S	Status Desired		.75 Add Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
THIELE, EARL H			Name	Name Patricia A Syles-Amos					
25201 HW		•	Street A	treet Address (P.O. Box Number is Not Acceptable)					
	0,12 04140								
				city M+ Dora FL 210 Code 756					
8. The above	samed entity submits this statement for	or the purpose of changing its a	registered office or	register	ed agent, or both, is	n the State of Flo	rida. I am fam	illiar with,	and accept
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and titls if applicabil (NOTE: Registered Agent signature required when reinstating)  DATE							8		
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign F Trust Fund Contribut			paign Financing			1			
10.		Trust Fund Co	ontribution.		\$5.00 May Be Added to Fees	1	ake check p ida Departm	-	
	OFFICERS AND DI		ontribution.			Flori	ida Departm	ent of St	ate
TITLE	PO				Added to Fees	Flori	Ida Departm	ent of St	ate
NAME	PD BUCHHAAS, DONALD	RECTORS	11. TITLE NAME		Added to Fees	Flori	Ida Departm	ent of St TORS IN	ate 10
	PO	RECTORS	11.		Added to Fees	Flori	Ida Departmo	ent of St TORS IN	ate 10
NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHHAAS, DONALD 24822 CRANES ROAST CIR LEESBURG, FL 34748 VPD	RECTORS	11. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE		Added to Fees	Flori	Ida Departmo	ent of St CTORS IN Change	ate 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ubek Annette Kneitsek 1/07/08 352.315.