

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002016

FILED
Apr 05, 2009
Secretary of State

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

Current Principal Place of Business:

25031 CRANES ROAST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

25031 CRANES ROAST
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 56-2024030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES, PATRICIA A
P 627 N. DONNELLY ST
MOUNT DORA, FL 32756 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: PD () Delete
Name: BUCHHAAS, DONALD
Address: 24822 CRANES ROAST CIR
City-St-Zip: LEESBURG, FL 34748

Title: VPD () Delete
Name: PROVOST, RENE
Address: 24911 CRANES ROOSE CIR
City-St-Zip: LEESBURG, FL 34748

Title: TD () Delete
Name: KREITSEK, ANNETTE
Address: 25115 CRANES ROOST CIR
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: NOSEK, PALMA
Address: 4524 EAGLE WOOD DR
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SHUMAN, CHRISTINE
Address: 4519 SANDWEDGE CT
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ANNETTE KREITSEK

TD

04/05/2009

Electronic Signature of Signing Officer or Director

Date