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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31091

1. Corporation Name
HOMEOWNERS' ASSOCIATION OF PLANTATION POINTE, IN C.

Principal Place of Business 3001 EXECUTIVE DR STE 260 CLEARWATER FL 33762 US	Mailing Address 3001 EXECUTIVE DR STE 260 CLEARWATER FL 33762 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/09/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2942667
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONDO ASSOC
3001 EXEC DR
STE 260
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL	33762
83		
84 City		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WEISS, FRANK	
STREET ADDRESS	1988 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAMBAGE, JOHN	
STREET ADDRESS	1979 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HO, DAVID	
STREET ADDRESS	1986 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, JOANNE	
STREET ADDRESS	1991 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTANZA, FRANK	
STREET ADDRESS	1985 CAROLINA CT	
CITY-ST-ZIP	CLEARTREE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Costanza, Frank
2.3 STREET ADDRESS	1985 - Carolina Ct.
2.4 CITY-ST-ZIP	Clearwater, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pearl, Don
5.3 STREET ADDRESS	1995 Carolina Ct
5.4 CITY-ST-ZIP	Clearwater, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Binder, Denis
6.3 STREET ADDRESS	1981 Carolina Ct
6.4 CITY-ST-ZIP	Clearwater, FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Costanza* 1/8/99 535-4297
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)