

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47166 (6)**

1. Corporation Name
THE LANDINGS AT PLANTATION BAY HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1166 PELICAN BAY DR SUITE 19 DAYTONA BEACH FL 32119 US	1166 PELICAN BAY DR SUITE 19 DAYTONA BEACH FL 32119 US

3. Date Incorporated or Qualified 02/05/1992	3a. Date of Last Report 04/04/1995
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 103-A NORTH LAKE DR	2a 103-A NORTH LAKE DR	59-3109937	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Ormond Beach, FL	28 103-A NORTH LAKE DR	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 32174	25 USA	29 32174	30 USA
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NELSON, MICHELE C/O NELSON & SELWITZ PROPERTY MGMT. 1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119	81 Name Nancy D. Hapiuk 82 Street Address (P.O. Box Number is Not Acceptable) Diversified Property Mgmt. 83 103-A North Lake Dr 84 City Ormond Beach FL 85 Zip Code 32174

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 617.0502, Florida Statutes.

SIGNATURE: **Nancy D. Hapiuk, V. Pres.** **Nancy D. Hapiuk** 4/22/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required on reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID	1.2 NAME	
STREET ADDRESS	12 LANDINGS LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, MARIE	2.2 NAME	
STREET ADDRESS	39 LANDINGS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY, PAT	3.2 NAME	
STREET ADDRESS	19 LANDING LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLYMER, CHARLES	4.2 NAME	DS
STREET ADDRESS	29 LANDINGS LANE	4.3 STREET ADDRESS	MORSCHEL JOHNSON
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	5 LANDINGS LN
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, GEORGE	5.2 NAME	DT
STREET ADDRESS	40 LANDINGS LANE	5.3 STREET ADDRESS	BERRY, GEORGE
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	40 LANDINGS LN
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	ORMOND BEACH, FL 32174
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **David A. Young** 4/23/96 904-437-0802
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)