

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47166 (6)
1. Corporation Name
THE LANDINGS AT PLANTATION BAY HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business 100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US	Mailing Address 100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US
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3. Date Incorporated or Qualified 02/05/1992		
4. FEI Number 59-3109937	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**HAPIUK, NANCY D
C/O DIVERSIFIED PROPERTY MGMT
100 PLANTATION BAY DRIVE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

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

FL

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, GOERGE	
STREET ADDRESS	40 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DEVINE, MARIE	
STREET ADDRESS	39 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JOHNSON, HERSHEL	
STREET ADDRESS	8 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FOSSATI, EDWARD	
STREET ADDRESS	38 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, DAVID	
STREET ADDRESS	12 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID YOUNG	
1.3 STREET ADDRESS	12 LANDINGS LN	
1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLORIA CONNOLLY	
2.3 STREET ADDRESS	24 Landings Ln	
2.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
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	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM REIN	
4.3 STREET ADDRESS	26 Bay Court	
4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Gottinger	
5.3 STREET ADDRESS	7 Landings Ln	
5.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE *David Young President* 4/28/98

CR2E037 (10/97)