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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90099 049 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N47166

1. Corporation Name

**THE LANDINGS AT PLANTATION BAY HOME OWNER'S ASSO
 CIATION, 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/05/1992

23 City & State

27 City & State

4. FEI Number

Applied For

24 Zip

25 Country

28 Zip

29 Country

59-3109937

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YOUNG, DAVID	1.1 TITLE	PD CONNOLLY, GLORIA
NAME	12 LANDINGS LANE	1.2 NAME	24 LANDINGS LANE
STREET ADDRESS	ORMOND BEACH FL 32174	1.3 STREET ADDRESS	ORMOND BEACH, FL 32174
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV CONNOLLY, GLORIA	2.1 TITLE	VD YOUNG, DAVID
NAME	24 LANDINGS LANE	2.2 NAME	12 LANDINGS LANE
STREET ADDRESS	ORMOND BEACH FL 32174	2.3 STREET ADDRESS	ORMOND BEACH, FL 32174
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS JOHNSON, HERSCHEL	3.1 TITLE	SD REIN, WILLIAM
NAME	8 LANDINGS LANE	3.2 NAME	26 BAY COURT
STREET ADDRESS	ORMOND BEACH FL	3.3 STREET ADDRESS	ORMOND BEACH, FL 32174
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT REIN, WILLIAM	4.1 TITLE	TD BERRY, GEORGE
NAME	26 BAY COURT	4.2 NAME	40 LANDINGS LANE
STREET ADDRESS	ORMOND BEACH FL 32174	4.3 STREET ADDRESS	ORMOND BEACH, FL 32174
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D COTLINGER, JOHN	5.1 TITLE	
NAME	7 LANDINGS LANE	5.2 NAME	
STREET ADDRESS	ORMOND BEACH FL 32174	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
 Date

Daytime Phone #

CR2E037 (11/98)