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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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/05/1992

4. FEI Number

59-3109937

Applied For

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

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

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

TITLE PD ☒ DELETE
NAME YOUNG, DAVID
STREET ADDRESS 12 LANDINGS LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DV ☒ DELETE
NAME CONNOLLY, GLORIA
STREET ADDRESS 24 LANDINGS LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE DS ☒ DELETE
NAME JOHNSON, HERSCHEL
STREET ADDRESS 8 LANDINGS LANE
CITY-ST-ZIP ORMOND BEACH FL

TITLE DT ☒ DELETE
NAME REIN, WILLIAM
STREET ADDRESS 26 BAY COURT
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ DELETE
NAME COTLINGER, JOHN
STREET ADDRESS 7 LANDINGS LANE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME CONNOLLY, GLORIA
1.3 STREET ADDRESS 24 LANDINGS LANE
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME YOUNG, DAVID
2.3 STREET ADDRESS 12 LANDINGS LANE
2.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME REIN, WILLIAM
3.3 STREET ADDRESS 26 BAY COURT
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME BERRY, GEORGE
4.3 STREET ADDRESS 40 LANDINGS LANE
4.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)