


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

04-21-2005 90260 025 ****61.25

DOCUMENT # N47166

1. Entity 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**

66018210



2. Principal Place of Business
103 A North Lake Dr

3. Mailing Address
103 A North Lake Dr

Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State
Diamond Beach FL

City & State
Diamond Beach FL

Zip
32174

Country
USA

Zip
32174

Country
USA

4. FEI Number
59-3109937

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEANE, NANCY
100 PLANTATION BAY DRIVE
ORMOND BEACH, FL 32174

Nancy Deane

7. Name and Address of New Registered Agent

Name
Nancy Deane

Street Address (P.O. Box Number is Not Acceptable)
103 A North Lake Dr

City & State
Ormond Beach FL

Zip Code
32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Nancy Deane* DATE: *4/15/05*

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REITANO, ANTHONY 16 LANDINGS LANE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARDS, DAVID 38 LANDINGS LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGAS, LINDA 1023 HAMPSTEAD LANE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLYMER, RUTH 20 LANDINGS LANE ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITANO, KARELLE 16 LANDINGS LANE ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP Reitano, Karelle 16 Landings Ln Ormond Beach, FL 32174</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D McNaughton, Donna 7 Landings Ln Ormond Beach, FL 32174</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony Reitano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *5-16-05*

DATE DAYTIME PHONE #