2006 NOT-FOR-PROFIT CORPORATION

THE LANDINGS AT PLANTATION BAY HOME OWNER'S

DOCUMENT # N47166

ASSOCIATION, INC.

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90231 045 ****61.25

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Principal Place of Business 103 A NORTHLAKE DR ORMOND BEACH, FL 32174 US			Mailing Address 103 A NORTHLAKE DR ORMOND BEACH, FL 32174 US				à IRTHER AN I			1683(
Principal Place of Business 3. M			Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182006	Chg-NP	CR2E03	7 (11/05)		
City & State			City & State				4. FEI Numbe 59-3109				plied For t Applicable	
Zip				ip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
DEANE, NANCY 103 A NORTHLAKE DR					Name Street Address (P.O. Box Number is Not Acceptable)							
	BEACH, FL 32174								<u></u>			
					City	•		 	FL	Zip Cod	9	
SIGNATURE	Signature, typed or printed name of registered as Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Make check payable to Florida Department of State						
10.	OFFICERS AND	<u> </u>	11.		A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD		☐ Delete	TITLE					02.107.110.01	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	REITANO, ANTHONY 16 LANDINGS LANE ORMOND BEACH, FL 32174		LL Ociole	NAM STRE						Change	Acumon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VEGAS, LINDA 1023 HAMPSTEAD LANE ORMOND BEACH, FL 32174				E E EET ADDRESS -ST-ZIP	, <u> </u>				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REITANO, KARELLE 16 LANDINGS LANE ORMOND BEACH, FL 32174		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUGHTON, DONNA 7 LANDINGS LANE ORMOND BEACH, FL 32174		Delete			Det	zeper anding	b, Care Deach Beach	1.7e	□ Change	Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 flustee 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 exhibit like empowered.

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

☐ Change

☐ Change

☐ Addition

Addition