

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90041 025 ****61.25

DOCUMENT # N47166

1. Entity Name
**THE LANDINGS AT PLANTATION BAY HOME OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**103 A NORTHLAKE DR
ORMOND BEACH, FL 32174 US**

Mailing Address
**103 A NORTHLAKE DR
ORMOND BEACH, FL 32174 US**

40070826



2. Principal Place of Business - No P.O. Box #
2379 Beville Road

3. Mailing Address
P.O. Box 291910

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-NP CR2E037 (12/06)

City & State
S. Daytona, FL

City & State
Port Orange, FL

4. FEI Number
59-3109937

Applied For
☐ Not Applicable

Zip
32119

Country
USA

Zip
32129-1910

Country
USA

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

6. Name and Address of Current Registered Agent

**CHATLEY, NANCY
103 A NORTHLAKE DR
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name
Nancy Deane Chatley
Street Address (P.O. Box Number is Not Acceptable)
2379 Beville Road

City
S. Daytona **FL** Zip Code
32119

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 D. Chatley, Community Mgr.

4/11/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
PD ☐ Delete
NAME
REITANO, ANTHONY
STREET ADDRESS
16 LANDINGS LANE
CITY-ST-ZIP
ORMOND BEACH, FL 32174

TITLE
DVP ☐ Delete
NAME
REITANO, KARELLE
STREET ADDRESS
16 LANDINGS LANE
CITY-ST-ZIP
ORMOND BEACH, FL 32174

TITLE
DST ☐ Delete
NAME
SHIELD, CARL
STREET ADDRESS
13 LANDINGS LN
CITY-ST-ZIP
ORMOND BEACH, FL 32174

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #