

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000504

1. Entity Name

LAGO GRANDE AT PLANTATION BAY HOME OWNER'S ASSOC

Principal Place of Business

1166 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

Mailing Address

1166 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119-1381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3207717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON-BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BREWER, THOMAS
STREET ADDRESS 430 HARBOUR TOWN LANE
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE VPD ☐ Delete
NAME HUSTON, JAMES
STREET ADDRESS 401 LONG COVE RD
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE TD ☒ Delete
NAME FULK, BERNARD B JR
STREET ADDRESS 414 LONG COVE COURT
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☒ Change ☐ Addition
NAME D Majorana, Mario
STREET ADDRESS 408 Seabrook Rd.
CITY-ST-ZIP Ormond Beach, FL. 32174

TITLE SD ☐ Delete
NAME FAELLA, GEORGE
STREET ADDRESS 447 LONG COVE ROAD
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE D ☐ Delete
NAME HANILY, GERALD
STREET ADDRESS 409 SEABROOK RD
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE D ☐ Delete
NAME MCGASINAN, JOHN
STREET ADDRESS 408 SEABROOK RD
CITY-ST-ZIP ORMOND BEACH FL 32174

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

904-756-3032

Daytime Phone #

CR2E037 (9/99)