

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2008 90041 026 ****61.25

DOCUMENT # N92000000504											
1. Entity Name LAGO GRANDE AT PLANTATION BAY HOME OWNER'S ASSOCIATION, INC.											
Principal Place of Business 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119			Mailing Address 1166 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119								
2. Principal Place of Business - No P.O. Box # 2379 Beville Road		3. Mailing Address 2379 Beville Road									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State S. Daytona Beach, FL 32119		City & State S. Daytona Beach, FL 32119		4. FEI Number 59-3207717							
Zip 32119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent CHATLEY, NANCY D 103 A NORTH LAKE DR ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name Nancy Deane Chatley</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 2379 Beville Road</td> </tr> <tr> <td style="padding: 2px;">City S. Daytona</td> <td style="padding: 2px;">FL Zip Code 32119</td> </tr> </table>			Name Nancy Deane Chatley		Street Address (P.O. Box Number is Not Acceptable) 2379 Beville Road		City S. Daytona	FL Zip Code 32119
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.											
<table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE <i>Nancy Deane Chatley, Community Mgr</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:20%; vertical-align: bottom; text-align: center;"> DATE 4/11/08 </td> </tr> </table>						SIGNATURE <i>Nancy Deane Chatley, Community Mgr</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/11/08				
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Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees							
Make check payable to Florida Department of State											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	GAMIN, JOHN		NAME								
STREET ADDRESS	431 LONG COVE ROAD		STREET ADDRESS								
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP								
TITLE	DST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	MAIORANA, MARIO		NAME								
STREET ADDRESS	426 HARBOUR TOWN LANE		STREET ADDRESS								
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP								
TITLE	DVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	ELKINS, CHAUNCEY		NAME								
STREET ADDRESS	424 HARBOUR TOWN LANE		STREET ADDRESS								
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			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 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: <i>John Gamin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/14/08								
Daytime Phone #											