


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90023 027 \*\*\*\*61.25

<b>DOCUMENT # N04000001410</b>					
<b>1. Entity Name</b> PRESTWICK TOWNHOMES AT PLANTATION BAY PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 103 A NORTH LANE DR ORMOND BEACH, FL 32174			<b>Mailing Address</b> 103 A NORTH LANE DR ORMOND BEACH, FL 32174		
<b>2. Principal Place of Business - No P.O. Box #</b> 2379 Beville Road		<b>3. Mailing Address</b> P.O. Box 291910			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> S. Daytona, FL		<b>City &amp; State</b> Port Orange, FL		<b>4. FEI Number</b> 04-3785195	
<b>Zip</b> 32119		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CHATLEY, NANCY D 103 A NORTH LAKE D12 ORMOND BEACH, FL 32174		<b>7. Name and Address of New Registered Agent</b> Name: Nancy Deane Chatley Street Address (P.O. Box Number is Not Acceptable): 2379 Beville Road City: S. Daytona, FL 32119			
<b>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.</b>					
SIGNATURE: <i>Nancy D. Chatley, Community Mgr</i> DATE: 4/11/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> BROUSSE, GREGORY <b>STREET ADDRESS</b> 103 A NROTH LAKE DR <b>CITY-ST-ZIP</b> ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> ROSS, DOUGLAS <b>STREET ADDRESS</b> 2379 BEVILLE RD <b>CITY-ST-ZIP</b> S DAYTONA, FL 32119	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> SMITH, RICHARD <b>STREET ADDRESS</b> 2379 BEVILLE RD <b>CITY-ST-ZIP</b> S DAYTONA, FL 32119	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Douglas Ross</i> DATE: 4/9/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					