FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N12897** **(7)**

1. Corporation Name

PLANTATION BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
103 A. NORTH LAKE DR. ORMOND BEACH FL 32174 US	103 A. NORTH LAKE DR. ORMOND BEACH FL 32174 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 01/08/1986	3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2703068	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

HAPIUK, NANCY D
DIVERSIFIED PROPERTY MGMT, INC.
103 A. NORTH LAKE DR.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Nancy D. Hapiuk, Vice President DATE 4/16/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, DOUGLAS R., JR.		1.2 NAME		
STREET ADDRESS	100 PLANTATION DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOSSEINI, MORI		2.2 NAME		
STREET ADDRESS	100 PLANTATION DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRINDER, JEAN		3.2 NAME		
STREET ADDRESS	100 PLANTATION DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARN, TED		4.2 NAME		
STREET ADDRESS	100 PLANTATION BAY DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH. FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IRELAND, CHARLENE		5.2 NAME		
STREET ADDRESS	1150 PELICAN BAY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH. FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ALESSANDRA, MARIO D		6.2 NAME	Royal Anderson	
STREET ADDRESS	100 PLANTATION BAY DR.		6.3 STREET ADDRESS	100 Plantation Bay Dr	
CITY-ST-ZIP	ORMOND BCH. FL		6.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Douglas R. Ross, JR. 4/15/96 904-437-0802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT