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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12897 (7)

1. Corporation Name
PLANTATION BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business 100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US	Mailing Address 100 PLANTATION BAY DR. ORMOND BEACH FL 32174 US
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3. Date Incorporated or Qualified 01/08/1986		
4. FEI Number 59-2703068	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	

9. Name and Address of Current Registered Agent

HAPIUK, NANCY D
100 PLANTATION BAY DR.
~~**103 A NORTH LAKE DR.**~~
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name <i>Nancy D. Hapiuk</i>	
82 Street Address (R.O. Box Number is Not Acceptable) <i>100 Plantation Bay Dr.</i>	
83	
84 City <i>Ormond Beach</i>	85 Zip Code <i>FL 32174</i>

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* *Community Assoc Mgr.* *4/29/98*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROSS, DOUGLAS R., JR.	
STREET ADDRESS	100 PLANTATION DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD S	
STREET ADDRESS	2359 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRINDER, JEAN	
STREET ADDRESS	100 PLANTATION DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	IRLAND, CHARLENE B	
STREET ADDRESS	2359 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOSSEINE, MORI	
STREET ADDRESS	2359 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, DAVID	
STREET ADDRESS	12 LANDINGS LN.	
CITY-ST-ZIP	ORMOND BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Corfman, Allen K.
6.4 CITY-ST-ZIP	23 Meadow Brooke Lane Ormond Beach, FL 32174

14. 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 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: *[Handwritten Signature]*

CR2E037 (10/97)