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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12897

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2703068
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HAPIUK, NANCY D 100 PLANTATON BAY DR. 103 A. NORTH LAKE DR. ORMOND BEACH FL 32174				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ DATE _____
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, DOUGLAS R., JR.	1.2 NAME	AFFLEBACH, JACK
STREET ADDRESS	100 PLANTATION DRIVE	1.3 STREET ADDRESS	100 PLANTATION BAY DRIVE
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD S	2.2 NAME	ROSS, DOUGLAS R., JR.
STREET ADDRESS	2359 BEVILLE RD	2.3 STREET ADDRESS	2359 BEVILLE ROAD
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINDER, JEAN	3.2 NAME	TRINDER, JEAN
STREET ADDRESS	100 PLANTATION DRIVE	3.3 STREET ADDRESS	2359 BEVILLE ROAD
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRLAND, CHARLENE B	4.2 NAME	
STREET ADDRESS	2359 BEVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSEINE, MORI	5.2 NAME	HOSSEINI, MORI
STREET ADDRESS	2359 BEVILLE RD.	5.3 STREET ADDRESS	2359 BEVILLE ROAD
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORFMAN, ALLEN K	6.2 NAME	
STREET ADDRESS	12 LANDINGS LN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Jack Afflebach 4/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)