

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90123 015 ****61.25

DOCUMENT # N12897

1. Entity Name

PLANTATION BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 PLANTATION BAY DR.
 ORMOND BEACH FL 32174
 US

100 PLANTATION BAY DR.
 ORMOND BEACH FL 32174-9201
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2703068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	AFFLEBACH, JACK	
STREET ADDRESS	100 PLANTATION DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VD	☐ Delete
NAME	ROSS, DOUGLAS R JR.	
STREET ADDRESS	2359 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	TD	☐ Delete
NAME	TRINDER, JEAN	
STREET ADDRESS	100 PLANTATION DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32-1119	
TITLE	SD	☐ Delete
NAME	IRLAND, CHARLENE B	
STREET ADDRESS	2359 BEVILLE RD.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ Delete
NAME	HOSSEINE, MORI	
STREET ADDRESS	2359 BEVILLE ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	☐ Delete
NAME	CORFMAN, ALLEN K	
STREET ADDRESS	12 LANDINGS LN.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/21/00

904-437-0882

CR2E037 (9/99)