2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90282 006 ****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 US

04132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
103A North Lake Dr	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State
Zip: 32174 Country: USA	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
DEANE, NANCY 100 PLANTATON BAY DR. ORMOND BEACH, FL 32174	Name: Nancy Deane Street Address (P.O. Box Number is Not Acceptable): 103 A North Lake Dr. City: Ormond Beach FL Zip Code: 32174

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.

SIGNATURE Nancy Deane I CAN 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSS, DOUGLAS R JR 2359 BEVILLE RD. DAYTONA BEACH, FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD AMBACK, MARK 100 PLANTATION BAY DR. ORMOND BEACH, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Greg Brousse 100 Plantation Bay Dr Ormond Beach, FL 32174 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TRINDER, JEAN 100 PLANTATION DRIVE ORMOND BEACH, FL 321119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMITH, RICHARD 2359 BEVILLE RD. DAYTONA BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSSEINE, MORI 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARMINE, FURCI 12 LANDINGS LN. ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #