

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90043 036 ****61.25

DOCUMENT # N12897 1. Entity Name PLANTATION BAY COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 103A NORTH LAKE DR ORMOND BEACH, FL 32174 US			Mailing Address 103A NORTH LAKE DR ORMOND BEACH, FL 32174 US		
2. Principal Place of Business - No P.O. Box #		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		
CHATLEY, NANCY D 103A 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	☐ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	GAMIN, JOHN		NAME	Gamin, John	
STREET ADDRESS	103A N. LAKE DR.		STREET ADDRESS	103A N. LAKE DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VPD	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	POUNDS, KATHLEEN		NAME	Pounds, KATHLEEN	
STREET ADDRESS	103A N. LAKE DR.		STREET ADDRESS	103A N. LAKE DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	ELLSWORTH, GERALD		NAME	Melvin Young	
STREET ADDRESS	103A N. LAKE DR.		STREET ADDRESS	103A N. Lake Drive	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TD	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	YOUNG, MELVIN		NAME	MARTY GARBARINO	
STREET ADDRESS	103A N. LAKE DR.		STREET ADDRESS	103A N. LAKE DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	D'ALESSANDRS, DEL		NAME	CARMINA FORCI	
STREET ADDRESS	103A N. LAKE DR.		STREET ADDRESS	103A N. LAKE DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	REITANO, ANTHONY		NAME	AI CAPPALII	
STREET ADDRESS	103 A NORTH LAKE DR.		STREET ADDRESS	103 A N. NORTH LAKE DR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  KATHLEEN POUNDS, PRESIDENT					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date	
				Daytime Phone #	

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