2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N12897

Entity Name: PLANTATION BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

103A NORTH LAKE DR
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

103A NORTH LAKE DR
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2703068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELARDI, DONNA
C/O ATLANTIC SHORES MANAGEMENT, INC.
3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	GAMIN, JOHN	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	P	( ) Delete
Name:	POUNDS, KATHLEEN	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174 US	
Title:	D	( ) Delete
Name:	YOUNG, MELVIN	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	T	( ) Delete
Name:	GARBARINO, MARTY	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	BREWER, ROY	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	CAPPALLI, ALL	
Address:	103 A NORTH LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	T	(X) Change ( ) Addition
Name:	GAMIN, JOHN	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	REINKE, RUSSEL	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	VP	(X) Change ( ) Addition
Name:	GARBARINO, MARTY	
Address:	103A N. LAKE DR.	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN POUNDS P 04/14/2009

Electronic Signature of Signing Officer or Director — Date