


FILE NOW: FILING FEE IS \$61.25

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**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31091 (4)

1. Corporation Name
HOMEOWNERS' ASSOCIATION OF PLANTATION POINTE, IN C.



Principal Place of Business 3001 EXECUTIVE DR STE 200 CLEARWATER FL 34622 US	Mailing Address 3001 EXECUTIVE DR STE 200 CLEARWATER FL 34620 US
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3. Date Incorporated or Qualified 03/09/1989	
4. FEI Number 59-2942667	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3001 Executive Dr Suite, Apt. #, etc. 22 Suite 260 City & State 23 St. Petersburg FL Zip 24 33762	2a. Mailing Address 25 3001 Executive Dr Suite, Apt. #, etc. 26 Suite 260 City & State 27 St. Petersburg FL Zip 28 33762	Country 29 Pinellas 30 Pinellas
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONDO ASSOC
3001 EXEC DR
STE 200
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEISS, FRANK	
STREET ADDRESS	1988 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAMBAGE, JOHN	
STREET ADDRESS	1979 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HO, DAVID	
STREET ADDRESS	1986 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BINDER, DENNIS	
STREET ADDRESS	1981 CARDLING CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, RUSSELL	
STREET ADDRESS	1991 CAROLINA CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTANZA, FRANK	
STREET ADDRESS	1985 CAROLINA CT	
CITY-ST-ZIP	CLEARTREE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Weiss, Frank	
1.3 STREET ADDRESS	1988 Carolina Ct	
1.4 CITY-ST-ZIP	Clearwater, FL	
2.1 TITLE	Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bambage John	
2.3 STREET ADDRESS	1979 Carolina Ct	
2.4 CITY-ST-ZIP	Clearwater, FL	
3.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brown, Joanne	
3.3 STREET ADDRESS	1991 Carolina Ct	
3.4 CITY-ST-ZIP	Clearwater, FL	
4.1 TITLE	Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: _____

CFR2E037 (10/97)