FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31091

1. Corporation Name

HOMEOWNERS' ASSOCIATION OF PLANTATION POINTE, INC.

Principal Place of Business	Mailing Address
3001 EXECUTIVE DR STE 260 CLEARWATER FL 33762 US	3001 EXECUTIVE DR STE 260 CLEARWATER FL 33762 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 03/09/1989	
21	26	4. FEI Number 59-2942667	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

CONDO ASSOC 3001 EXEC DR STE 260 CLEARWATER FL 34822	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL 85 Zip Code 33762

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E037 (11/98)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME WEISS, FRANK STREET ADDRESS 1988 CAROLINA CT CITY-ST-ZIP CLEARWATER FL	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME BAMBAGE, JOHN STREET ADDRESS 1979 CAROLINA CT CITY-ST-ZIP CLEARWATER FL	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition *T Costanza, Frank 1985 - Carolina Ct. Clearwater, FL*
TITLE VPD NAME HO, DAVID STREET ADDRESS 1986 CAROLINA CT CITY-ST-ZIP CLEARWATER FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME BROWN, JOANNE STREET ADDRESS 1991 CAROLINA CT CITY-ST-ZIP CLEARWATER FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME COSTANZA, FRANK STREET ADDRESS 1985 CAROLINA CT CITY-ST-ZIP CLEARTREE FL	☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☒ Change ☐ Addition *D Pearl, Don 1995 Carolina Ct Clearwater, FL*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☒ Addition *Binder, Denis 1981 Carolina Ct Clearwater, FL*

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, with all other like empowered.

SIGNATURE: _____ ED   1/8/99   535-4297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #