

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31535 (0)

1. Corporation Name

PLANTATION BAY CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1166 PELICAN BAY DR
DAYTONA BEACH FL 32119
US

1166 PELICAN BAY DR
DAYTONA BEACH FL 32119
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NELSON, MICHELE
1166 PELICAN BAY DR
DAYTONA BCH FL 32119

3. Date Incorporated or Qualified

04/05/1989

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2956519

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

Michele Nelson Barkin

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

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

Michele Nelson Barkin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
ANDERSON, IRENE
21 MAGNOLIA DR. N.
ORMOND BEACH FL 32174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
RIPPLE, ED
70 KINGSLEY CIR
ORMOND BEACH FL 02174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S/D
CLAPHAM, TOM
9 TREE TOP
ORMOND BEACH FL 32174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PETTIS, HELEN L
706 DOLPHIN HEAD LANE
ORMOND BEACH FL 32174

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T/D
MUELLER, JOHN
22 BAY POINTE
ORMOND BEACH FL 32174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DEVINE, MARIE
39 LANDINGS LANE
ORMOND BEACH FL 32174

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D
Granston, Robert
7 Jasmine Run
Ormond Bch. FL. 32174

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Irene Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Anderson

2/ /96 904-756-3032

Date

Daytime Phone #

CR2E037 (12/95)