

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: **1166 PELICAN BAY DR DAYTONA BEACH FL 32119 US**
Mailing Address: **1166 PELICAN BAY DR DAYTONA BEACH FL 32119 US**

3. Date Incorporated or Qualified: **04/05/1989**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **59-2956519**
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

9. Name and Address of Current Registered Agent
**NELSON, MICHELE
1166 PELICAN BAY DR
DAYTONA BCH FL 32119**

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*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERSON, IRENE	
STREET ADDRESS	21 MAGNOLIA DR. N.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RIPPLE, ED	
STREET ADDRESS	70 KINGSLEY CIR	
CITY-ST-ZIP	ORMOND BEACH FL 02174	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	CLAPHAM, TOM	
STREET ADDRESS	9 TREE TOP	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETTIS, HELEN L	
STREET ADDRESS	706 DOLPHIN HEAD LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	MUELLER, JOHN	
STREET ADDRESS	22 BAY POINTE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVINE, MARIE	
STREET ADDRESS	39 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Granston, Robert
4.3 STREET ADDRESS	7 Jasmine Run
4.4 CITY-ST-ZIP	Ormond Bch. Fl. 32174
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 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* 2/ /96 904-756-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Irene Anderson Date: Daytime Phone #

CR2E037 (12/95)