


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N31535 (0)**

1. Corporation Name  
**PLANTATION BAY CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>1166 PELICAN BAY DR DAYTONA BEACH FL 32119 US</b>	Mailing Address <b>1166 PELICAN BAY DR DAYTONA BEACH FL 32119-1381 US</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>04/05/1989</b>	3a. Date of Last Report <b>03/15/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2956519</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>  <b>BARKIN, MICHELE NELSON</b> <b>1166 PELICAN BAY DR</b> <b>DAYTONA BCH FL 32119</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Vice President / Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, IRENE	1.2 NAME	
STREET ADDRESS	21 MAGNOLIA DR. N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President / Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIPPLE, ED	2.2 NAME	James Huston
STREET ADDRESS	70 KINGSLEY CIR	2.3 STREET ADDRESS	401 Long Cove Road
CITY-ST-ZIP	ORMOND BEACH FL 02174	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	S/D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec / Dir <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAPHAM, TOM	3.2 NAME	Reg Wilson
STREET ADDRESS	9 TREE TOP	3.3 STREET ADDRESS	710 Dolphin Head
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANSTON, ROBERT	4.2 NAME	Alice McDonald
STREET ADDRESS	7 JASMINE RUN	4.3 STREET ADDRESS	41 magnolia Drive
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	T/D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUELLER, JOHN	5.2 NAME	James Goolsby
STREET ADDRESS	22 BAY POINTE	5.3 STREET ADDRESS	39 Tree Top
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVINE, MARIE	6.2 NAME	Bob Cimaglia
STREET ADDRESS	39 LANDINGS LANE	6.3 STREET ADDRESS	22 Jasmine Run
CITY-ST-ZIP	ORMOND BEACH FL 32174	6.4 CITY-ST-ZIP	Ormond Beach, FL 32174

14. I do 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.

CR2E037 (9/96)