

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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

Mailing Address

**1166 PELICAN BAY DR
DAYTONA BEACH FL 32119
US**

**1166 PELICAN BAY DR
DAYTONA BEACH FL 32119
US**

3. Date Incorporated or Qualified

04/05/1989

4. FEI Number

59-2956519

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARKIN, MICHELE NELSON
1166 PELICAN BAY DR
DAYTONA BCH FL 32119**

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☐ DELETE
NAME **ANDERSON, IRENE**
STREET ADDRESS **21 MAGNOLIA DR. N.**
CITY-ST-ZIP **ORMOND BEACH FL**

1.1 TITLE **President / Director** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **HUSTON, JAMES**
STREET ADDRESS **401 LONG COVE RD**
CITY-ST-ZIP **ORMOND BEACH FL**

2.1 TITLE **Vice President / Director** ☐ Change ☒ Addition
2.2 NAME **Don Oppert**
2.3 STREET ADDRESS **712 Dolphin Head**
2.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **S/D** ☒ DELETE
NAME **WILSON, PEG**
STREET ADDRESS **710 DOLPHIN HEAD**
CITY-ST-ZIP **ORMOND BEACH FL**

3.1 TITLE **Treasurer / Director** ☐ Change ☒ Addition
3.2 NAME **Donald Maresca**
3.3 STREET ADDRESS **23 Gale Lane**
3.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **D** ☐ DELETE
NAME **MCDONALD, ALICE**
STREET ADDRESS **41 MAGNOLIA DR**
CITY-ST-ZIP **ORMOND BEACH FL**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Ed Watts**
4.3 STREET ADDRESS **441 Long Cove Road**
4.4 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **T/D** ☒ DELETE
NAME **MUELLER, JOHN**
STREET ADDRESS **22 BAY POINTE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DEVINE, MARIE**
STREET ADDRESS **39 LANDINGS LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

6.1 TITLE **Secretary / Director** ☒ Change ☐ 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:

Irene Anderson Pres.

4/29/98 904-756-3034

CR2E037 (10/97)