

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90103 023 ****61.25

DOCUMENT # N31535

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/05/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME ANDERSON, IRENE
STREET ADDRESS 21 MAGNOLIA DR. N.
CITY-ST-ZIP ORMOND BEACH FL

TITLE VPD ☒ DELETE

NAME OPPERT, DON
STREET ADDRESS 712 DOLPHIN HEAD
CITY-ST-ZIP ORMOND BCH FL 32174

TITLE TD ☐ DELETE

NAME MARESCA, DONALD
STREET ADDRESS 23 GALE LANE
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☐ DELETE

NAME MCDONALD, ALICE
STREET ADDRESS 41 MAGNOLIA DR
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ DELETE

NAME WATTS, ED
STREET ADDRESS 441 LONG COVE RD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE SD ☐ 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 ☐ 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

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

Date

904-756-3032

Daytime Phone #

CR2E037 (11/98)