NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31535

1. Corporation Name

PLANTATION BAY CIVIC ASSOCIATION, INC.

Principal Place of Business
1166 PELICAN BAY DR DAYTONA BEACH FL 32119 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

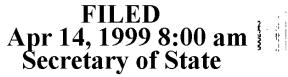
City & State

1166 PELICAN BAY DR DAYTONA BEACH FL 32119

Suite, Apt. #, etc.

US

26



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

	INDER BRIT BUDDE BEBLE	1121 Bibli 1933 B	1815 IBBI

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

04/05/1989

59-2956519

4. FEI Number

· <u>~</u> 1			<u> </u>	4		¢E 00 .	
Zip 4	Country 25	Zíp 29	Coun 30	uy	Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
<u> </u>	9. Name and Address of Current F				10. Name and Address of New Registere	d Agent	
	Andrew Control of Cont			31 Name			
			L				
BARKIN, MICHELE NELSON			82 Street Address (P.O. Box Number is Not Acceptable)				
1166 PELICAN BAY DR			33				
DAYTONA	BCH FL 32119		ľ	-	•		
	·模。 · Marting som Assarta		Ţ	B4 City	F	L 85 Zip C	ode
office or re agent. I a	to the associations of Continue 617 0502 o	Florida Such change v	vas authorizēd :	by the cond	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the app	of changing its reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered A	gent signature	required when reinstating) . DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELE	TE 1.1 TITL	£		Change	Addition
NAME	ANDERSON, IRENE		1.2 NAN	Æ			
STREET ADORESS	21 MAGNOLIA DR. N.		1.3 STR	EET ADDRESS	5		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CIT	r-ST-ZIP			
TITLE	VPD	⊠ DELE	TE 2.1 ππ.	E	16	Change	☐ Addition
NAME	OPPERT, DON	•	2.2 NAA	re.	Rotne, Arne		
STREET ADDRESS	712 DOLPHIN HEAD		2.3 STR	EET ADDRESS	1 Bay Pointe Dr.		
CITY-ST-ZIP	ARMOND BCH FL 32174	. سد	ł	Y-ST-ZIP	Ormand Bch, 41.32174	•	ļ
TITLE	TD	☐ DELE				Change	☐ Addition
NAME	MARESCA, DONALD		3.2 NAM	Æ			
STREET ADDRESS	l		3.3 STR	EET ADDRESS	s		
	•• • · · · · · · · · · · · · · · · · ·			Y-ST-ZIP			
CITY-ST-ZIP TITLE	ORMOND BEACH FL	☐ DELE		-		Change	Addition
	D ALICE		4. 2 NA	_			
NAME	MCDONALD, ALICE			EET AODRESS			
STREET ADDRESS	11 10110201011		1	(-ST-ZIP			
CITY-ST-ZIP	ORMOND BEACH FL	⊠ DELE			DIFECTOR	☑ Change	Addition
TITLE	D ED	Cay Dette	5.2 NAM		Ernst, Eric	(A)	
NAME	WATTS, ED			REET ADDRESS	1 1 2 2 1 C D.1		
STREET ADDRESS	111 20110 0012 110			Y-ST-ZIP	Ormand Beh. 41. 32174		
CITY-ST-ZIP	ORMOND BEACH FL 32174	☐ DELE				Change	Addition
TITLE	SD	TI DELE	_	_			
NAME	DEVINE, MARIE		6.2 NA	_			
STREET ADDRESS	39 LANDINGS LANE		1	REET ADDRESS	8		
CITY-ST-ZIP	ORMOND BEACH FL 32174			Y-ST-ZIP			
14. I hereby o	certify that the information supplied with	this filing does not qua	lify for the exem	ption state	ed in Section 119.07(3)(i), Florida Statutes. I further of instruction shall have the same legal effect as if made up	certify that the index oath: that i	normation am an

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 informatic 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:

SIGNATIONE REQUIRE

4-5-99

904-756-3032

Daytim

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable