

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # N31535

1. Entity Name

PLANTATION BAY CIVIC ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90036 031 ****61.25

Principal Place of Business

1166 PELICAN BAY DR
DAYTONA BEACH FL 32119
US

Mailing Address

1166 PELICAN BAY DR
DAYTONA BEACH FL 32119-1381
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2956519

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE VP ☐ Delete
NAME ROTNE, ARNE
STREET ADDRESS 1 BAY POINTE DR
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 ERNEST, ERIC
STREET ADDRESS 437 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Brennock, Mike
STREET ADDRESS 14 Magnolia Ln
CITY-ST-ZIP Ormond Bch. Fl. 32174

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Slocum, John
STREET ADDRESS 2 Lakewood Dr.
CITY-ST-ZIP Ormond Bch. Fl. 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FEB 29 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)