

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90049 040 ****61.25

0001453

DOCUMENT # N31535

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2956519

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	BRENNOCK, MIKE	
STREET ADDRESS	14 MAGNOLIA LN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NICKERSON, ED	
STREET ADDRESS	3 JASMINE RUN	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SLOCUM, JOHN	
STREET ADDRESS	2 LAKEWOOD DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GLAYSHER, DAVID	
STREET ADDRESS	45 MEADOWBROOK	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERNEST, ERIC	
STREET ADDRESS	437 LONG COVE RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVINE, MARIE	
STREET ADDRESS	39 LANDINGS LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloer, Dale	
STREET ADDRESS	32 Bay Pointe	
CITY-ST-ZIP	Ormond Bch, Fl. 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Koenig, Bob	
STREET ADDRESS	26 Magnolia Dr. South	
CITY-ST-ZIP	Ormond Bch. Fl. 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cavalieri, Joe	
STREET ADDRESS	46 Tree Top	
CITY-ST-ZIP	Ormond Bch, Fl. 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'Allesandro, Del	
STREET ADDRESS	35 Kingsley	
CITY-ST-ZIP	Ormond Bch, Fl. 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chinn, John	
STREET ADDRESS	120 Bay Lake	
CITY-ST-ZIP	Ormond Bch. Fl. 32174	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McBride, Ken	
STREET ADDRESS	808 Millstream	
CITY-ST-ZIP	Ormond Bch. Fl. 32174	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02

Date

Daytime Phone #

CR2E037 (9/01)