2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# N31535

Entity Name: PLANTATION BAY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DR
DAYTONA BEACH, FL 32119 US

New Mailing Address:

FEI Number: 59-2956519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRENNOCK, MIKE
Address: 14 MAGNOLIA LN
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD ( ) Delete
Name: NICKERSON, ED
Address: 3 JASMINE RUN
City-St-Zip: ORMOND BCH, FL 32174

Title: VPD ( ) Delete
Name: SLOCUM, JOHN
Address: 2 LAKEWOOD DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: GLOER, DALE
Address: 32 BAY POINTE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: ERNEST, ERIC
Address: 437 LONG COVE RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete
Name: KOENIG, BOB
Address: 26 MAGNOLIA DRIVE SOUTH
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE BRENNOCK P 04/19/2004

Electronic Signature of Signing Officer or Director — Date

DAVE GLAYSHER
45 MEADOW BROOK
ORMOND BEACH, FL. 32174

DEL D'ALLESANDRO - D
35 KINGSLSEY
ORMOND BEACH, FL. 32174