

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31535

FILED  
Feb 09, 2005  
Secretary of State

**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

PD

02/09/2005

Electronic Signature of Signing Officer or Director

Date