

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000504

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** LAGO GRANDE AT PLANTATION BAY HOME OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1166 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number:** 59-3207717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON-BARKIN, MICHELE  
1166 PELICAN BAY DRIVE  
DAYTONA BEACH, 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: GAMIN, JOHN  
Address: 431 LONG COVE ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD      ( ) Delete  
Name: HARNEY, AUSTIN  
Address: 432 HARBOUR TOWN LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD      ( ) Delete  
Name: ELKINS, CHAUNCEY  
Address: 424 HARBOUR TOWN LANE  
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:

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: JOHN GAMIN

DP

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date