


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90135 023 ****61.25

DOCUMENT # N00109 1. Entity Name ADAM'S LANDING ASSOCIATION, INC.	
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Principal Place of Business 1515 ADAMS CIRCLE LARGO FL 33770 US	Mailing Address 2880 SCHERER DRIVE 840 ST. PETERSBURG FL 33716 US
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1st MOORE CR2E037 (10/04)

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 59-2551237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BRUDNY AND RABIN, PA 28100 US HIGHWAY 19 NORTH CLEARWATER FL 33761	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD OLINICK, CHRIS <input checked="" type="checkbox"/> Delete
NAME	1440 ADAMS CIRCLE EAST
STREET ADDRESS	LARGO FL 33771
CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete
NAME	MAHER, DIANE
STREET ADDRESS	1509 ADAMS CIR E.
CITY-ST-ZIP	LARGO FL 33771
TITLE	T <input type="checkbox"/> Delete
NAME	CROSS, MARK
STREET ADDRESS	1429 ADAMS CIRCLE EAST
CITY-ST-ZIP	LARGO FL 33771
TITLE	VP <input type="checkbox"/> Delete
NAME	CERCEK, LISA
STREET ADDRESS	PO BOX 618
CITY-ST-ZIP	BAY PINES FL 33744
TITLE	VPD <input type="checkbox"/> Delete
NAME	JACOBSON, DEAN
STREET ADDRESS	1527 ADAMS CIRCLE
CITY-ST-ZIP	LARGO FL 33771
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DEAN R. JACOBSON, PRESIDENT 4-12-05 727-418-3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #