


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 013 ****61.25

DOCUMENT # N00109
 1. Entity Name
ADAM'S LANDING ASSOCIATION, INC.



Principal Place of Business Mailing Address
1515 ADAMS CIRCLE **2880 SCHERER DRIVE**
LARGO FL 33770 **840**
US **ST. PETERSBURG FL 33716**
US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **Sterling Management Services**
2870 Scherer Drive N., Suite 100
St. Petersburg, FL 33716

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2551237** Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 **Becker & Polia/Co**
 Street Address (P.O. Box Number is Not Acceptable)
2401 West Bay Dr St 414
 City **Largo** FL Zip Code **33720**

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 *Ellen Hirsch de Haan*
ELEEN HIRSCH DE HAAN, J.D., FOR THE FIRM DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHER, DIANE 1509 ADAMS CIR E. LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSS, MARK 1429 ADAMS CIRCLE EAST LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CERCEK, LISA PO BOX 618 BAY PINES FL 33744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBSON, DEAN 1527 ADAMS CIRCLE LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

D Elaine Cross
1429 Adams Circle E.
Largo, FL 33771

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **DEAN R JACOBSON, PRESIDENT** 4-1-06 727-418-3855
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #