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# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90011 009 \*\*\*\*61.25

<b>DOCUMENT # N00109</b>			
1. Entity Name <b>ADAM'S LANDING ASSOCIATION, INC.</b>			
Principal Place of Business <b>1515 ADAMS CIRCLE LARGO, FL 33770 US</b>		Mailing Address <b>STERLING MANAGEMENT SERVICES 2870 SCHERER DRIVE N. SUITE 100 ST. PETERSBURG, FL 33716 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2551237</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>Cianfrone, Joseph R D.A. 1968 Bayshore Blvd. Dunedin, FL 34698</b>		Name <b>Brudny and Rabin</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 N. Pine Ave. Suite A</b> City <b>Oldsmar</b> FL Zip Code <b>34677</b>	
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 <i>Michael J. Brudny</i> Signature, typed or printed name of registered agent and title if applicable		DATE <b>1/24/08</b> (NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
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	<b>President</b> <input checked="" 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 checked="" 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	D CROSS, ELAINE 1429 ADAMS CIRCLE 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>DAVID GARDINIA</b> <b>1606 ADAMS Circle</b> <b>Largo, FL 33771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Michael J. Brudny</i>		Date: <b>1-12-08</b> Daytime Phone #: <b>727-581-5791</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			