

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00109

FILED
Apr 24, 2009
Secretary of State

Entity Name: ADAM'S LANDING ASSOCIATION, INC.

Current Principal Place of Business:

1515 ADAMS CIRCLE
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT SERVICES
2870 SCHERER DRIVE N. SUITE 100
ST. PETERSBURG, FL 33716 US

New Mailing Address:

FEI Number: 59-2551237 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUDNY AND RABIN
200 N PINE AVE SUITE A
OLDSMAR, FL 34677 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: S () Delete
Name: MAHER, DIANE
Address: 1509 ADAMS CIR E.
City-St-Zip: LARGO, FL 33771

Title: P () Delete
Name: CROSS, MARK
Address: 1429 ADAMS CIRCLE EAST
City-St-Zip: LARGO, FL 33771

Title: T () Delete
Name: CERCEK, LISA
Address: PO BOX 618
City-St-Zip: BAY PINES, FL 33744

Title: D () Delete
Name: CROSS, ELAINE
Address: 1429 ADAMS CIRCLE E
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: GARDINIA, DAVID
Address: 1606 ADAMS CIRCLE
City-St-Zip: LARGO, FL 33771

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TODD R. PALMER

MGR

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date