FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N41715

THE LANDINGS AT SEWALL'S POINT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

US

Mailing Address

7601 S.W. LOST RIVER ROAD STUART FL' 34997

P.O. BOX 3385 STUART FL 34995

Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90021 002 ****61.25

3. Date Incorporated or Qualifed

2. Principal Pla	ace of Business 2a. Mailing Address	65	3. Date Incorporated or Qualifed					
1 1274 1	VE BUSINESS PARK PL 26 PO BOX		01/17/1991					
Suite, Apt. i	<u> </u>		4. FEI Number Applied For S8-1871745 Not Applicable					
22	27							
City & State		ACh, FI	5. Certificate of Status Desired					
Zip 24 3495	Country Zip 1 10 50	Country	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					
PRESTIGE PROPERTY MGMT-INC ADV ANTAGE PROPERTY. 7601 S.W. LOST-RIVER ROAD 81 Name Advantage Property Management 82 Street Address (P.O. Box Number is Not Agreetable) 1014 NE BUSINESS LATE								
STUART F	L 34997—	83						
		84 City	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered egent, of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
office or registered agent, of both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, wed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	1.1 TITLE	PD ERWIN, TUM Change Addition					
NAME	PELL, CLIFFORD A	1.2 NAME	2892 NE SEWALL'S LANDINGWAY					
STREET ADDRESS	2856 N.E. SEWALLS LANDING WAY	1.3 STREET ADDRESS	Tauson Rel 51 311002					
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 C(TY-ST-Z)P	JENSEN, BCL, FL. 34957					
TITLE	DOELETE	2.1 TITLE						
NAME	FLANAGAN, HENRY	2.2 NAME	2019 NE SECUALLY LANDING ON AL					
STREET ADDRESS	1555 N.E. BEACON DRIVE #1002	2.3 STREET ADDRESS	JENSON BEACH, FL. 34957,					
CITY-ST-ZIP	JEMSEN BEACH FL 34957	2.4 CITY-ST-ZIP						
TILE	D DELETE	3,1 TTLE	D-Secry-TR Change Addition					
NAME	PEFLEY, DAVID	3.2 NAME	WOOD, CHARLES H					
STREET ADDRESS	2819 N.E. SEWALLS LANDING WAY	3.3 STREET ADDRESS	WOOD, CHARLES H 2820 IVE SENALL'S LANDING WAS TENSEN BEACH, FL. 34957 TOPPOR					
CITY-ST-ZIP	JENSEN BEACH FL 34957	3.4. CITY-ST-ZIP	JENSEN BEACH, FL. 34957					
TITLE	☐ OELETE	4.1 TITLE	POLLIS, GEORGE Change MAddition					
NAME		4. 2 NAME	2928 NESEWALL'S LANDINGWAY					
STREET ADDRESS		4.3 STREET ADDRESS	Tauray Act 1 2160 = 7					
CITY-ST-ZIP	Posists	4.4 CITY-ST-ZIP	Tensen Bch, FL 34957 1					
ΠΠLE	□ DÉLETE	5.1 TITLE 3	LAUNTER COLORAGE					
NAME		5.3 STREET ADDRESS	2910 NE SEWALL'S POINT WAY					
STREET ADDRESS		5.4 CITY-ST-ZIP	JENSEN Boh FL, 34957					
CITY-ST-ZIP	DELETE	6.1 TITLE	Change Addition					
TITLE		6.2 NAME						
NAME	•	6.3 STREET ADDRESS						
STREET ADDRESS		6.4 CITY-ST-ZIP						
CITY-ST-ZIP	with the distance of the south that this filing does not qualify for the		in Section 119 07(3)(i). Florida Statutes, I further certify that the information					

indicated on this annual report or supplies with all similar uses not quality for the exemption stated in section 119-07(5)(i), Fronda statutes. I further certify that the information indicated on this annual report or suppliemental annual 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 acceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: