NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1995 7-10-95 P-7138 C

Florida Department of State
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41715 (6)

1. Corporation Name

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

FILED
95 JUL 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
900 E. OCEAN BLVD. SUITE 120 STUART FL 34994	900 E. OCEAN BLVD. SUITE 120 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1991
3a. Date of Last Report: 04/15/1994
4. FEI Number: 58-1871745 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FOX, M. LANNING
1100 S FEDERAL HWY
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Michael H. Olenick
82 Street Address (P.O. Box Number is Not Acceptable): 900 E. Ocean Boulevard
83: Suite 120
84 City: Stuart, FL 85 Zip Code: 34994

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 agent, or 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] Michael H. Olenick
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 6/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	NICKLES, ROBIN	1.2 NAME	Charles E.F. Millard
STREET ADDRESS	1501 CHARLOTTE AVE.	1.3 STREET ADDRESS	8069 S.E. Golfhouse Drive
CITY-ST-ZIP	MONROE N.	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455-8015
TITLE	VTD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	CONRAD, CARTER	2.2 NAME	Rich Doyle
STREET ADDRESS	3340 S.E. DIXIE HWY.	2.3 STREET ADDRESS	2802 N.E. Sewall's Landing Way
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE	SD	3.1 TITLE	STD ☒ Change ☐ Addition
NAME	DAVIS, ELEANOR G	3.2 NAME	Jane Marinelli
STREET ADDRESS	3340 S E DIXIE HWY	3.3 STREET ADDRESS	2802 N.E. Sewall's Landing Way
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Jensen Beach, FL 34957
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver 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.

SIGNATURE: [signature] Charles E.F. Millard 6/9/95 (407) 286-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017313