

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41715 (6)

1. Corporation Name

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



Principal Place of Business

Mailing Address

900 E. OCEAN BLVD.
SUITE 120
STUART FL 34994

900 E. OCEAN BLVD.
SUITE 120
STUART FL 34994

3. Date Incorporated or Qualified
01/17/1991

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **2081 E. OCEAN BLVD.**

26 **2081 E. OCEAN BLVD.**

4. FEI Number
58-1871745

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 2**

27 **SUITE 2**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **STUART, FL**

28 **STUART, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **34996**

25 **U.S.A.**

29 **34996**

30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLENICK, MICHAEL H
900 E OCEAN BLVD
SUITE 120
STUART FL 34994

81 Name

THOMAS R. SAWYER

82 Street Address (P.O. Box Number is Not Acceptable)

2081 E. OCEAN BLVD.

83

SUITE 2

84

STUART

FL

85

Zip Code
34996

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

Thomas R. Sawyer

1/30/96

Signature, typed or printed name of registered agent or director applying.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MILLARD, CHARLES E.F.
8069 S.E. GOLFHOUSE DRIVE
HOBE SOUND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DOYLE, RICH
2802 N.E. SEWALL'S LANDING WAY
JENSEN BEACH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MARINELLI, JANE
2802 N.E. SEWALL'S LANDING WAY
JENSEN BEACH FL**

3.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Daytime Phone #

CR2E037 (12/95)