


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N41713 1. Corporation Name THE LANDINGS AT SEWALLS POINT Property Owners' Association, Inc.					
Principal Place of Business		Mailing Address P.O. BOX 3385 STUART, FL. 34995		3. Date Incorporated or Qualified 01/17/1991	
2. Principal Place of Business 21 7601 SW LOST RIVER ROAD Suite, Apt. #, etc. 22 City & State 23 STUART, FL. Zip 24 34997		2a. Mailing Address 26 P.O. BOX 3385 Suite, Apt. #, etc. 27 City & State 28 STUART, FL. Zip 29 34995		4. FEI Number 58-1871745 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name PRESTIGE PROPERTY MGMT, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 7601 SW LOST RIVER ROAD 83 84 City STUART 85 Zip Code FL 34997		
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 <i>[Signature]</i> MANAGER 4/22/98 <small>Signature typed or printed name of registered agent and title of business (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P/D CLIFFORD ASHTON PELL 2856 NE SEWALLS LANDING WAY JENSEN BEACH, FL. 34957		
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D HENRY FLANAGAN 1555 NE BEACON DRIVE #1002 JENSEN BEACH FL 34957		
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition D DAVID PEFLEY 2819 NE SEWALLS LANDING WAY JENSEN BEACH, FL. 34957		
5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 400002505784 -04/29/98--01089--044 ***61.25		
6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			HENRY J. FLANAGAN 4/21/1998		

CR2E037 (10/97)