## 2004 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



FILED Apr 29, 2004 8:00 am Secretary of State

1. Entity Nan	IMEN   # 736948 ne LANDING HOMEOWNERS	ASSOCIATION, INC			04-29-2004	90274 044 ****61.:	25	
			ddress FAIRLANE FARMS RD. TON, FL 33414 US		DOCUEDEO			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		04212004 C	hg-NP	CR2E037 (10/03)		
City & State		City & State	City & State		98		lied For Applicable	
Zìp	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Additi	<del></del>	
	6. Name and Address of Current	Registered Agent	رمينهم سي ۵۰۰	~ 7Name and Add	dress of New R			
NEWSOME, JOHN			Name					
3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414			Street Address		(P.O. Box Number is Not Acceptable)			
N. "								
, i	•		City			FL Zip Code	,	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, ir	the State of Flo	orida. I am familiar with, ar	nd accept	
	alloris or registered agent.	· •						
SIGNATURE								
100	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)		DATE		
SIGNATURE			paign Financing	\$5.00 May Be Added to Fees		DATE  ake check payable to ida Department of Stat	te	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DIF	9. Election Cam Trust Fund C	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor SES TO OFFICER	ake check payable to ida Department of Stat RS AND DIRECTORS IN 1	0	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

Daytime Phone #