

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90025 018 \*\*\*\*61.25



**DOCUMENT # N41715**

1. Entity Name

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

Principal Place of Business

666 N.E. DIXIE HWY  
JENSEN BEACH FL 34957  
US

Mailing Address

PO BOX 111  
JENSEN BEACH FL 34958  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

58-1871745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURSON, ROBERT A P.A.  
310 WEST FIRST ST  
STUART FL 34994

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	BANTA, MARK	
STREET ADDRESS	2618 NE SABAL PALM WAY	
CITY ST ZIP	JENSEN BEACH FL 34957	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETERSON, LAURIE	
STREET ADDRESS	1417 N.E. HIGH HAMMOCK LN	
CITY ST ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAYFIELD, JEOFFREY	
STREET ADDRESS	1453 N.E. HIGH HAMMOCK LN	
CITY ST ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DURALL, WILLIAM	
STREET ADDRESS	2783 N.E. SEWALL'S LANDING WAY	
CITY ST ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHASE, PEGGY	
STREET ADDRESS	2802 N.E. SEWALL'S LANDING WAY	
CITY ST ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABIK, SYLVIA	
STREET ADDRESS	2711 NE SEWALL'S LANDING WAY	
CITY ST ZIP	JENSEN BEACH, FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/07

Date

Daytime Phone #

772-225-5053