2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N02105

Entity Name: NORTH LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2950 JOG RD
GREEN ACRES, FL 33467

New Principal Place of Business:

2950 JOG RD
GREENACRES, FL 33467

Current Mailing Address:

2950 JOG RD
GREEN ACRES, FL 33467

New Mailing Address:

2950 JOG RD
GREENACRES, FL 33467

FEI Number: 59-2536876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPILLANE, MICHAEL F MR
4666 WADITA KA WAY
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

LEMME, THERESA M
CENTURION TOWER, SUITE 701
1601 FORUM PLACE
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: THERESA LEMME 04/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SPILLANE, MICHAEL F MR
Address: 4666 WADITA-KA WAY
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete
Name: DURBIN, CARLA J MS
Address: 4547 APPALOOSA STREET
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S ( ) Delete
Name: BISIG, DENNIS
Address: 4692 APPALOOSA ST
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D ( ) Delete
Name: NUTTING, BRUCE MR
Address: 4596 APPALOOSA STREET
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PD ( ) Delete
Name: FEDINA, PATRICIA MRS
Address: 4605 WADITA-KA WAY
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD ( ) Delete
Name: DANIS, KEITH C MR
Address: 4570 WADITA-KA WAY
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SPILLANE T 04/07/2009
Electronic Signature of Signing Officer or Director Date