2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02105

Entity Name: NORTH LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2950 JOG RD GREENACRES, FL 33467

Current Mailing Address:

2950 JOG RD GREENACRES, FL 33467

FEI Number: 59-2536876

Name and Address of Current Registered Agent:

SPILLANE, MICHAEL F 4666 WADITA-KA WAY WEST PALM BEACH, FL 33417 US FILED Apr 05, 2016 Secretary of State CC3797760705

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Name	T SPILLANE, MICHAEL FMR	Title Name	D DURBIN, CARLA JMS
Address	4666 WADITA-KA WAY	Address	4547 APPALOOSA STREET
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417
Title	S	Title	DIRECTOR
Name	BISIG, DENNIS	Name	NUTTING, BRUCE MR
Address	4692 APPALOOSA STREET	Address	4596 APPALOOSA STREET
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417
Title	D	Title	PRESIDENT
Title Name	D SINISCALCHI, ANTHONY	Title Name	PRESIDENT DANIS, KEITH CMR
	-		
Name	SINISCALCHI, ANTHONY	Name	DANIS, KEITH CMR 4570 WADITA-KA WAY
Name Address	SINISCALCHI, ANTHONY 4317 WADITA-KA WAY	Name Address	DANIS, KEITH CMR 4570 WADITA-KA WAY
Name Address City-State-Zip:	SINISCALCHI, ANTHONY 4317 WADITA-KA WAY WEST PALM BEACH FL 33417	Name Address City-State-Zip:	DANIS, KEITH CMR 4570 WADITA-KA WAY WEST PALM BEACH FL 33417
Name Address City-State-Zip: Title	SINISCALCHI, ANTHONY 4317 WADITA-KA WAY WEST PALM BEACH FL 33417 D	Name Address City-State-Zip: Title	DANIS, KEITH CMR 4570 WADITA-KA WAY WEST PALM BEACH FL 33417 D

I hereby 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 all other like empowered.

SIGNATURE: KEITH DANIS

PRESIDENT

04/05/2016

Electronic Signature of Signing Officer/Director Detail