

2014 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPILLANE, MICHAEL F
4666 WADITA-KA WAY
WEST PALM BEACH, FL 33417 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	SPILLANE, MICHAEL FMR
Address	4666 WADITA-KA WAY
City-State-Zip:	WEST PALM BEACH FL 33417

Title	S
Name	BISIG, DENNIS
Address	4692 APPALOOSA STREET
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	SINISCALCHI, ANTHONY
Address	4317 WADITA-KA WAY
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	BESS, EULA
Address	4620 APPALOOSA STREET
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	DURBIN, CARLA JMS
Address	4547 APPALOOSA STREET
City-State-Zip:	WEST PALM BEACH FL 33417

Title	P
Name	NUTTING, BRUCE MR
Address	4596 APPALOOSA STREET
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	DANIS, KEITH CMR
Address	4570 WADITA-KA WAY
City-State-Zip:	WEST PALM BEACH FL 33417

Title	D
Name	PONTARELLI, TEAL
Address	4702 WADITA-KA WAY
City-State-Zip:	WEST PALM BEACH FL 33417

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: BRUCE NUTTING**PRESIDENT****04/23/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date