2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734400

FILED Apr 14, 2009 Secretary of State

Entity Nan	ne: LANDS EI	ND ASSOCIATION, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
4920 FRUIT SARASOTA	TVILLE RD A, FL 34232	US			
Current Ma	ailing Addres	s:	New Maili	ng Address:	
4920 FRUIT SARASOTA	TVILLE RD A, FL 34232	US			
FEI Number: 59-2148508 FEI Number Applied For ()		FEI Number Not App	El Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
WEIL, WAF 4920 FRUI SARASOTA		US			
The above in the State	named entity s of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS	AND DIRECT	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete FETZEK, ANDREW 680 LANDS END DRIVE LONGBOAT KEY, FL 34228		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete LANGLEY, RANDALL 701 LANDS END DRIVE LONGBOAT KEY, FL 34228		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition COIT, PATTI 670 LANDS END DRIVE. LONGBOAT KEY, FL 34228	
Title: Name: Address: City-St-Zip:	SD () Delete ROTH, ANN 777 LANDS END DR LONGBOAT KEY, FL 34228		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete SCHNEIDERS, JIM 689 LANDS END DRIVE LONGBOAT KEY, FL 34228		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SIEKMANN, BOB 660 LANDS END DRIVE LONGBOAT KEY, FL 34228	
Title: Name: Address: City-St-Zip:	D () Delete COIT, PATTI 670 LANDS END DRIVE LONGBOAT KEY, FL 34228		Title: Name: Address: City-St-Zip:	D (X) Change () Addition LANGLEY, RANDALL P O BOX 120355 CLERMONT, FL 34712	

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: ANDY FETZEK PD 04/14/2009