

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745733** (6)

1. Corporation Name

**THE LANDINGS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**2697-B SUNSET POINT ROAD  
CLEARWATER FL 34619**

Mailing Address

**2697-B SUNSET POINT ROAD  
CLEARWATER FL 34619-1500**



3. Date Incorporated or Qualified **01/26/1979** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1977414</b>		Applied For Not Applicable	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29					

9. Name and Address of Current Registered Agent

**NASSER, WILLIAM J  
2697-B SUNSET POINT ROAD  
CLEARWATER FL 34619 x 33759**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLLINS, BRUCE</b>	1.2 NAME	<b>SWEET, RUTH E.</b>
STREET ADDRESS	<b>2700 NEBRASKA AVENUE #3, 201</b>	1.3 STREET ADDRESS	<b>2700 NEBRASKA AVE.</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BULLION, DOROTHY</b>	2.2 NAME	<b>BULLION, DOROTHY</b>
STREET ADDRESS	<b>2700 NEBRASKA AVE</b>	2.3 STREET ADDRESS	<b>2700 NEBRASKA AVE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, KAREN</b>	3.2 NAME	
STREET ADDRESS	<b>2700 NEBRASKA AVE. 5-202</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOENJES, RICHARD</b>	4.2 NAME	<b>TOENJES, RICHARD</b>
STREET ADDRESS	<b>7918 EAST ROYAL COV</b>	4.3 STREET ADDRESS	<b>2700 NEBRASKA AVE</b>
CITY-ST-ZIP	<b>STANWOOD MI</b>	4.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMALLS, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>2700 NEBRASKA AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR, F</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>2700 NEBRASKA AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/97 8:13 PM 0079  
Date Daytime Phone # 0067074

CR2E037 (9/96)