


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745733

1. Corporation Name

THE LANDINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3438 East Lake Rd., #22
Palm Harbor, FL 34685

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Palm Harbor, FL 34685

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 1/26/79
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1977414
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent William J. Nasser 2697B Sunset Point Rd. Clearwater, FL 33759		10. Name and Address of New Registered Agent 81 Name James M. Nolan 82 Street Address (P.O. Box Number is Not Acceptable) 3438 East Lake Rd., #22 83 84 City Palm Harbor FL 85 Zip Code 34685

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

James M. Nolan

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard McEwan	1.2 NAME	
STREET ADDRESS	2700 Nebraska Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Buillion	2.2 NAME	
STREET ADDRESS	2700 Nebraska Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen O'Brien	3.2 NAME	
STREET ADDRESS	2700 Nebraska Ave. 5-202	3.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	3.4 CITY-ST-ZIP	
TITLE	ID <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Gebbia	4.2 NAME	
STREET ADDRESS	2700 Nebraska Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth E. Sweet	5.2 NAME	
STREET ADDRESS	2700 Nebraska Ave.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Dorothy Buillion*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

727 785-8887

Daytime Phone #