


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90025 045 \*\*\*\*61.25

<b>DOCUMENT # 749150</b> 1. Entity Name <b>THE LANDINGS CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.</b>					
Principal Place of Business 1825 MINUTEMEN CSWY COCOA BCH, FL 32931			Mailing Address 1825 MINUTEMEN CSWY COCOA BCH, FL 32931		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>RIGERMAN, MARILYN</b> <b>200 N FIRS ST</b> <b>COCOA BCH, FL 32931</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARKER, LOYD <input type="checkbox"/> Delete 1825 MINUTEMEN CSWY COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRICKER, FRED <input checked="" type="checkbox"/> Delete 1825 MINUTE MEN CSWY COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON MACINA # <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1825 MINUTEMEN CSWY COCOA BEACH FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, BILLY <input type="checkbox"/> Delete 1825 MINUTE MEN CSWY COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUGHN, DOROTHY <input checked="" type="checkbox"/> Delete 1825 MINUTEMAN CSWY. #205 COCOA BEACH, FL 32931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETER GRECHRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1825 MINUTE MEN CSWY COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> <u>X <i>Loyd C. Parker</i> LOYD C. PARKER, Treasurer, 1/25/07, 783-6024</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40022030



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1971400

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PARKER, LOYD ☐ Delete  
1825 MINUTEMEN CSWY  
COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
FRICKER, FRED ☒ Delete  
1825 MINUTE MEN CSWY  
COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JOHNSON, BILLY ☐ Delete  
1825 MINUTE MEN CSWY  
COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
VAUGHN, DOROTHY ☒ Delete  
1825 MINUTEMAN CSWY. #205  
COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DON MACINA # ☒ Change ☐ Addition  
1825 MINUTEMEN CSWY  
COCOA BEACH FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PETER GRECHRE ☒ Change ☐ Addition  
1825 MINUTE MEN CSWY  
COCOA BEACH, FL 32931

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #