2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749150

FILED May 07, 2009 Secretary of State

Entity Name: THE LANDINGS CONDOMINIUM ASSOCIATION OF COCOA BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

1825 MINUTEMEN CSWY COCOA BCH, FL 32931

Current Mailing Address: New Mailing Address:

1825 MINUTEMEN CSWY 200 NORTH FIRST STREET COCOA BCH, FL 32931 COCOA BCH, FL 32931

FEI Number: 59-1971400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIGERMAN, MARILYN 200 N FIRS ST

COCOA BCH, FL 32931 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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: DST (X) Change () Addition Name: PARKER, LOYD Name: PARKER, LOYD

Address: 1825 MINUTEMEN CSWY Address: 1825 MINUTEMEN CSWY
City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 32931

Title: D () Delete Title: DVP (X) Change () Addition Name: JOHNSON, BILLY Name: JOHNSON, BILLY

Address: 1825 MINUTE MEN CSWY Address: 1825 MINUTEMEN CSWY
City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 32931

 $\label{eq:title:DP} \textit{Title:} \qquad \textit{DP} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{DP} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name: MARINA, DONALD Name: MASINA, DONALD

Address: 1820 MINUTEMAN CAUSOWAY 305
City-St-Zip: CORAL BEACH, FL 32831
Address: 1820 MINUTEMEN CAUSEWAY 305
City-St-Zip: COCOA BEACH, FL 32831
COCOA BEACH, FL 32831

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: DONALD MASINA P 05/07/2009