FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750504 (3)

1. Corporation Name
THE LANDINGS OF MARTIN COUNTY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4191 S. E. LUCIE BLVD. P.O. BOX 2709 STUART FL 34995	4191 S. E. LUCIE BLVD. P.O. BOX 2709 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2264946 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SWINDLE, JENEAN A
4191 S.E. ST LUCIE BLVD.
STUART FL 34997

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~ SEC'TD	1.1 TITLE	SEC'T SD	☐ Change ☐ Addition
NAME	COOK DIANE	1.2 NAME	DIANE COOK	
STREET ADDRESS	4171 SE ST LUCIE BLVD	1.3 STREET ADDRESS	4171 SE. ST LUCIE BLVD	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	SD	2.1 TITLE	PRESIDENT PD	☒ Change ☐ Addition
NAME	~~SWINDLE JENEAN~~	2.2 NAME	PHILIP KENNEDY	
STREET ADDRESS	~~4191 SE ST LUCIE BLVD~~	2.3 STREET ADDRESS	4189 SE ST LUCIE BLVD	
CITY-ST-ZIP	~~STUART FL~~	2.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	PD	3.1 TITLE	TRES. TD	☒ Change ☐ Addition
NAME	~~WEIDMAN, JOANNE~~	3.2 NAME	DAN JENKINS	
STREET ADDRESS	~~4193 S.E. ST. LUCIE BLVD~~	3.3 STREET ADDRESS	4187 SE ST. LUCIE BLVD	
CITY-ST-ZIP	~~STUART FL~~	3.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Philip E Kennedy 3/31/95 (407) 286-4300
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070808