FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 01/08/1980
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2264946 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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	SD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	COOK DIANE		1.2 NAME	COOK, DIANE	
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	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, PHILIP		2.2 NAME		
STREET ADDRESS	4189 S.E. ST. LUCIE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, DAN		3.2 NAME		
STREET ADDRESS	4187 SE ST LUCIE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME			4.2 NAME	BROGAN, JOHN	
STREET ADDRESS			4.3 STREET ADDRESS	4175 SE ST LUCIE BLVD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(k), 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: Philip E. Kennedy 4-2-95 (407) 221-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)