FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750504

FILED Jun 10 1997 8:00am Secretary of State

THE LANDINGS OF MARTIN	COUNTY ASSOC	CITAI	N. IN	c.	
Principal Place of Business	Mailing Address		·		
·	•			j	
4191 SE St.Lucie Blvd.			Serv	ices	
P.O. Box 2188 P.O. Box 2188					T
Stuart, FL 34995 Stuart, FL 34				3. Date Incorporated or Qualified 01/08/1980	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-2264946	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.				· · · · ·	SR 75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28]	0		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country		8. This corporation has liability for in	
24 25 9. Name and Address of Current F		30		Florida Statutes L2 10. Name and Address of New Reg	Yes No
81					
			<u>E11</u>	en C. Wright Sou	nd Management
Swindle, Jenean		82		ress (P.O. Box Number is Not Acceptable 7 SE Delmar Stree	
4191 SE St.Lucie		83		1 DD DOTHAL GOLGO	
Stuart, FL 34997		84	City		as Zin Codo
		1 1	· ~ .	art,	FL 34997
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above	-named corp	poration submits this statement for the pu	urpose of changing its registered
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 of 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 migations of Section 617.0503, Florida Statutes.					
SIGNATURE SOLLEN . A RUG	etEI	len C	Wri	ght	5/20/97
Signature, typed or printed name of registered agont a 12. OFFICERS AND I	and title if applicable (NOTE:	Registered Agen	ıt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	
TITLE	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME PD		1.2 NAME	-		5.5.5
Kennedy, Philip		1.3 STREET A	ADDRESS		[3
City-SI-ZIP Stuart, FL 34997	Blvd.	1.4 CITY-ST	-		}
TITLE VP	DELETE	21 TITLE	T	D	☐ Change ☐ Addition <
NAME Cook, Diane		2.2 NAME	, c	onnie Bass	
STREET ADDRESS 4171 SE St.Lucie	Blvd.	2.3 STREET A	ADDRESS 4	1185 SE St.Lucie B	lvd.
City-SI-ZIP Stuart, FL 34997		2. 4 CITY - ST	1- ZIP . S	Stuart, FL 34997	
TITLE TD	DELETE	3.1 TITLE		P	Change Addition
Jenkins, Dan		3.2 NAME			
STREET ADDRESS 4187 SE St. Lucie	e Blvd.	3.3 STREET A			
CHY-SI-ZIP Stuart, FL 34997	DELETE	41 TITLE	1-21		Change Addition
SD SD		4. 2 NAME	}		
STREET ADDRESS 4175 SE St.Lucie	הייא	4.3 STREET A	ADDRESS		
CITY-ST-ZIP Stuart. FL 34997	BIVU.	4.4 CITY-ST	- ZIP		
TITLE	☐ DELETE	5.1 TITLE	ם)	Change M Addition
NAME		5.2 NAME	Ğ	eraldine Haagenso	n
STREET ADDRESS		5.3 STREET A	ADDRESS 4	183 SE St.Lucie B	lvd.
CITY-ST-ZIP	DOCUETE	54 CITY-ST	-ZIP S	tuart, FL 34997	Channe
TITLE	☐ DELETE	6.1 TITLE		40000221	Change Addition
NAME STREET ADDRESS		6.3 STREET A	NDDRECC	-06/13/970103	34034 <i>0</i> 5
CITY-ST-ZIP		6.4 CITY-ST		***B1.25	6110/97
14. I do hereby certify that the information supplied y	vith this filing does not qualify	for the exen	nption stated	d 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 or protation 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					
appears in Block 12 or Block 13/1 changed, or on an attachment with an address.					
SIGNATURE: / Jeneth	1. Ika			6-3-97	
SIGNATURE AND THE AND THE PARTY IN	THE HAMP OF TOWN OF THE PARTY	D KIECHOOD		<u> </u>	Destina Phone #

Geraldine Haagenson