

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750504** (3)
1. Corporation Name
THE LANDINGS OF MARTIN COUNTY ASSOCIATION, INC.



Principal Place of Business 4191 S. E. LUCIE BLVD. P.O. BOX 2188 STUART FL 34995		Mailing Address SOUND MANAGEMENT SERVICES P.O. BOX 2188 STUART FL 34995		3. Date Incorporated or Qualified 01/08/1980	
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country		4. FEI Number 59-2264946 Applied For Not Applicable	
24		29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent WRIGHT, ELLEN C SOUND MANAGEMENT 2617 SE DELMAR STREET STUART FL 34997				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 611 South Federal Highway 83 Suite C 84 City Stuart FL 85 Zip Code 34994	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE		1.1 TITLE	PD	☒ Change ☐ Addition	
NAME	KENNEDY, PHILIP			1.2 NAME	George Chasmar		
STREET ADDRESS	4189 SE ST LUCIE BLVD			1.3 STREET ADDRESS	P.O. Box 364	N/A	
CITY-ST-ZIP	STUART FL 34997			1.4 CITY-ST-ZIP	Pt. Salerno, FL 34992-0364		
TITLE	TD	☒ DELETE		2.1 TITLE	VPD	☒ Change ☐ Addition	
NAME	BASS, CONNIE			2.2 NAME	Raymond Smith		
STREET ADDRESS	4185 S.E. ST. LUCIE BLVD.			2.3 STREET ADDRESS	2453 SE Dixie Highway		
CITY-ST-ZIP	STUART FL 34997			2.4 CITY-ST-ZIP	Stuart, FL 33996		
TITLE	VP	☒ DELETE		3.1 TITLE	SD	☒ Change ☐ Addition	
NAME	JENKINS, DAN			3.2 NAME	Haagenson, Robert		
STREET ADDRESS	4187 SE ST LUCIE BLVD			3.3 STREET ADDRESS	4171 SE St. Lucie Blvd.		
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	SD	☒ DELETE		4.1 TITLE	TD	☒ Change ☐ Addition	
NAME	BROGAN, JOHN			4.2 NAME	Ranger, Thomas		
STREET ADDRESS	4175 SE ST LUCIE BLVD			4.3 STREET ADDRESS	4199 SE St. Lucie Blvd.		
CITY-ST-ZIP	STUART FL 34997			4.4 CITY-ST-ZIP	Stuart, FL 34997		
TITLE	D	☒ DELETE		5.1 TITLE	D	☒ Change ☐ Addition	
NAME	HAAGENSON, GERALDINE			5.2 NAME	Robert Cook		
STREET ADDRESS	4183 SE ST LUCIE BLVD			5.3 STREET ADDRESS	4173 SE St. Lucie Blvd.		
CITY-ST-ZIP	STUART FL 34997			5.4 CITY-ST-ZIP	Stuart, FL 34997		
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 hereby certify that the information supplied with this filing 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: George Chasmar George Chasmar 2/20/98

CR2E037 (10/97)