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Secretary of State

04-30-2004 90248 031 ****61.25

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 750504

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

Principal Place of Business	Mailing Address
4191 S. E. LUCIE BLVD. P.O. BOX 2188 STUART, FL 34995	SOUND MANAGEMENT SERVICES P.O. BOX 2188 STUART, FL 34995

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. All Florida Realty Services 10 SE Central Pky.St.130
City & State	City & State Stuart,FL 34994
Zip / Country	Zip / Country

03032004 Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORNETT, JANE 401 EAST OSCEOLA STREET STUART, FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHASMAR, GEORGE P.O. BOX 364 N/A PT SALERNO, FL 34992	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D George Chasmar PO Box 364 Pt. Salerno,FL 34992	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LUBITZ, BERNARD 4181 SE ST LUCIE BLVD STUART, FL 33996	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Ronald Barsanti 4173 SESt.LucieBlvd Stuart, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAAGENSON, ROBERT 4171 SE ST LUCIE BLVD STUART, FL 34997	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert Haagenson 4171 SE St.Lucie Blvd Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RANGE, THOMAS 4199 S.E. ST LUCIE BLVD STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Thomas Ranger 4199 SE St.LucieBlvd Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROGAN, JOHN 4175 SE ST. LUCIE BLVD #3 STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD John Brogan 4175 SE St.LucieBlvd Stuart, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Chasmar 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #