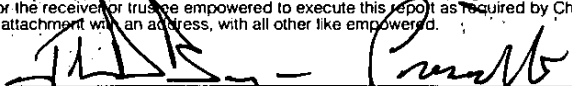


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90305 032 ****61.25

DOCUMENT # 750504 1. Entity 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 ALL FLORIDA REALTY SERVICES 10 SE CENTRAL PKWY., STE. 130 STUART, FL 34995		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212005 Chg-NP CR2E037 (10/03)	
Zip		Country		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	D CHASMAR, GEORGE P.O. BOX 364 PT SALERNO, FL 34992 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOANN WESCHMAN 4193 SE ST LUCIE BLVD STUART FL 34997 ☐ 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	DOUG RICE 4183 SE ST LUCIE BLVD STUART FL 34997 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAAGENSON, ROBERT 4171 SE ST LUCIE BLVD STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANGER, THOMAS 4199 S.E. ST LUCIE BLVD STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROGAN, JOHN 4175 SE ST. LUCIE BLVD #3 STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		772-281-4528			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			