2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750504

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Mar 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4171-4196 S. E. LUCIE BLVD. 2074 W. INDIANTOWN RD. STUART, FL 34997 200 JUPITER, FL 33458 **Current Mailing Address: New Mailing Address:** PRIME MANAGEMENT 2074 W. INDIANTOWN RD. 2074 W INDIAN TOWN RD #200 200 JUPITER, FL 33458 JUPITER, FL 33458 FEI Number: 59-2264946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNETT, JANE 401 EAST OSCEOLA STREET STUART, FL 34994 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BROGAN, JOHN BROGAN, JOHN Name: Name: 4175 SE ST LUCIE BLVD Address: 4175 SE ST LUCIE BLVD Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: Title: (X) Change () Addition () Delete RICCI, DOUG Name: RICCI, DOUG Name: Address: 4183 SE ST LUCIE BLVD Address: 4183 SE ST LUCIE BLVD City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: (X) Change () Addition LUBITZ, BERNARD LUBITZ, BERNARD Name: Name: 4181 SE ST. LUCIE BLVD 4181 SE ST. LUCIE BLVD Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: () Delete Title: () Change () Addition Name: RANGER, THOMAS Name: Address: 4199 S.E. ST LUCIE BLVD Address: City-St-Zip: STUART, FL 34997 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN BROGAN VP 03/27/2009

() Delete

() Delete

4487 SE ST LUCIE'S BLVD.

4187 SE ST LUCIE BLVD

SHORLIN, AARON

STUART, FL 34987

STUART, FL 34997

JENKINS, DAN

(X) Change () Addition

() Change () Addition

OLSEN, JOHN

4191 SE ST LUCIE BLVD.

STUART, FL 34997