FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:13

DOCUMENT # 753954 (7)

1. Corporation Name

THE LANDINGS (LONGWOOD) HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
165 W STATE ROAD 434 WITNER SPRINGS FL 32708	165 W STATE ROAD 434 WITNER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2069820 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

RUSSELL, ANNE H
165 WEST STATE RD 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Energy Property MANAGEMENT Services, INC
82 Street Address (P.O. Box Number is Not Acceptable): 165 West S.R. 434
83
84 City: Winter Springs FL 85 Zip Code: 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Anne H Russell Anne H. Russell, President, Energy Property Mgmt. Services, INC. 2/8/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROBERT	1.2 NAME		
STREET ADDRESS	648 FALLSMEAD CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	DV	☒ Change ☒ Addition
NAME	MORAN, THOMAS	2.2 NAME	Snively, John	
STREET ADDRESS	740 SANDPIPER CIRCLE	2.3 STREET ADDRESS	624 Fallsmead Cir	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	ELLIS, FRED	3.2 NAME		
STREET ADDRESS	630 FALLSMEAD CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	DT	☒ Change ☒ Addition
NAME	FOGLEMAN, SHAWN	4.2 NAME	Nunziata, SAL	
STREET ADDRESS	741 CREST BOOK LOOP	4.3 STREET ADDRESS	640 LANDINGS PLACE	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	LETTER, HELEN	5.2 NAME		
STREET ADDRESS	1101 HARBOUR VIEW COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	MARRIS, NORM	
STREET ADDRESS		6.3 STREET ADDRESS	761 Rock Creek Loop	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Longwood, FL 32750	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added by an attachment with an address.

SIGNATURE: SAL Nunziata 2/13/95 407-327582Y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030700