

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified
08/26/1980

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2069820

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENERGY PROPERTY MGMT SVCS INC
165 WEST SR 434
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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:

Anne H. Russell
Signature, typed or printed name of registered agent and title if applicable

Anne H. Russell President Energy Prop MGMT. Services

DATE

2/9/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JONES, ROBERT
STREET ADDRESS 648 FALLSMEAD CIRCLE
CITY-ST-ZIP LONGWOOD FL

1.1 TITLE ~~DELETE~~ NO ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME SNIVELY, JOHN
STREET ADDRESS 624 FALLSMEAD CIR
CITY-ST-ZIP LONGWOOD FL

2.1 TITLE D / P ☐ Change ☒ Addition
2.2 NAME Thorn, Stuart
2.3 STREET ADDRESS 961 Harbour Dr.
2.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DS ☒ DELETE
NAME ELLIS, FRED
STREET ADDRESS 630 FALLSMEAD CIRCLE
CITY-ST-ZIP LONGWOOD FL

3.1 TITLE D / V ☐ Change ☒ Addition
3.2 NAME TAYLOR, DAVID
3.3 STREET ADDRESS 618 FALLSMEAD CIR
3.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DT ☒ DELETE
NAME NUNZIATA, SAL
STREET ADDRESS 640 LANDINGS PLACE
CITY-ST-ZIP LONGWOOD FL

4.1 TITLE D / S / T ☐ Change ☒ Addition
4.2 NAME ORLANDO, SAL
4.3 STREET ADDRESS 721 ROCK CREEK LOOP
4.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE PD ☒ DELETE
NAME LETTER, HELEN
STREET ADDRESS 1101 HARBOUR VIEW COURT
CITY-ST-ZIP LONGWOOD FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME LETTER, JOHN
5.3 STREET ADDRESS 1101 HARBOUR VIEW Ct.
5.4 CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D ☒ DELETE
NAME MORRIS, NORM
STREET ADDRESS 761 ROCK CREEK LOOP
CITY-ST-ZIP LONGWOOD FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME HUDSON, DICK
6.3 STREET ADDRESS 1140 HARBOUR Dr.
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

4073275824

Date

Daytime Phone #

CR2E037 (12/95)