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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32708-2547

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, Anne H. Russell, President, EPMS Inc. 2/13/97
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	☐ DELETE	1.1 TITLE	DST	☒ 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	DP	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	THORN, STUART		2.2 NAME		
STREET ADDRESS	961 HARBOUR DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, DAVID		3.2 NAME		
STREET ADDRESS	618 FALLMEAD CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	4.1 TITLE	D P	☒ Change ☐ Addition
NAME	ORLANDO, SAIL		4.2 NAME		
STREET ADDRESS	721 ROCK CREEK LOOP		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	LETTER, JOHN		5.2 NAME	TODD, GEORGE	
STREET ADDRESS	1101 HARBOUR VIEW COURT		5.3 STREET ADDRESS	620 Westlake Circle	
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	HUDSON, DICK		6.2 NAME	ELLIS, Fred	
STREET ADDRESS	1140 HARBOUR DRIVE		6.3 STREET ADDRESS	630 Fallsmead Circle	
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP	Longwood, FL 32750	

CR2E037 (9/96)

14. I do 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 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 REQUIRED Sail Orlando Pres. 2/13/97 407 3275824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012952