FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 22 1998 8:00am
Secretary of State

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

4. FEI Number: 59-2069820 ☐ Applied For ☐ Not Applicable

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)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, ROBERT		1.2 NAME	HUDSON, DICK	
STREET ADDRESS	648 FALLSMEAD CIRCLE		1.3 STREET ADDRESS	1140 Harbour Dr.	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	☐ DELETE	2.1 TITLE	DV	☒ 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	D	☐ Change ☒ Addition
NAME	TAYLOR, DAVID		3.2 NAME	BOWMAR, BILL	
STREET ADDRESS	618 FALLMEAD CIRCLE		3.3 STREET ADDRESS	610 Riverside Ct.	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	DP	☐ DELETE	4.1 TITLE		☐ 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		☐ Change ☐ Addition
NAME	TODD, GEORGE		5.2 NAME		
STREET ADDRESS	620 WESTLAKE CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ELLIS, FRED		6.2 NAME		
STREET ADDRESS	630 FALLSMEN CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 Orlando 1/9/98 4073275824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012749
President