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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90095 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753954

1. Corporation Name

THE LANDINGS (LONGWOOD) HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

165 W STATE ROAD 434
WITNER SPRINGS FL 32708

Mailing Address

165 W STATE ROAD 434
WITNER SPRINGS FL 32708



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/26/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2069820	
24 Country		29 Country		30 Country	
25		28		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	

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 **EPM Services, Inc**
82 Street Address (P.O. Box Number is Not Acceptable) **165 West SR 434**
83
84 City **Winter Spring** **FL** 85 Zip Code **32708**

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 Pres. EPM Services Inc 3/11/99**

(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	DST ☐ DELETE	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	DV ☐ 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	D ☐ DELETE	3.1 TITLE	D/V ☒ Change ☐ Addition
NAME	BOWMAR, BILL	3.2 NAME	
STREET ADDRESS	610 RIVERSIDE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	4.1 TITLE	DP ☒ Change ☐ Addition
NAME	ORLANDO, SAIL	4.2 NAME	ORLANDO, SAIL
STREET ADDRESS	721 ROCK CREEK LOOP	4.3 STREET ADDRESS	721 ROCK CREEK LOOP
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	TODD, GEORGE	5.2 NAME	Richards, Gloria
STREET ADDRESS	620 WESTLAKE CIR	5.3 STREET ADDRESS	751 SANDPIPER CT
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	Longwood, FL
TITLE	D ☐ DELETE	6.1 TITLE	
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	

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/11/99

409-3275824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Annual corporate report for The Landings (Longwood) Homeowners Association, Inc. ...
Document # 753954
59-2069820

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753954

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Hudson, Dick
1140 Harbour Drive
Longwood, Fl 32750

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