**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 23, 2001 8:00 am Secretary of State DOCUMENT # 753954 1. Entity Name THE LANDINGS (LONGWOOD) HOMEOWNERS' ASSOCIATION, 01-23-2001 90033 009 \*\*\*\*61.25 Principal Place of Business Mailing Address 165 W STATE ROAD 434 165 W STATE ROAD 434 701592 WITNER SPRINGS FL 32708 WITNER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2069820 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EPM SERVICES, INC. 165 WEST SR 434 WINTER SPRINGS FL 32708 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DST ☐ Addition TITLE ☐ Change TITLE □ Delete JONES, ROBERT NAME NAME 648 FALLSMEAD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL President, Director Delete Change Addition TITLE TITLE George Todd THORN, STUART NAME NAME 620 West lake Circle STREET ADDRESS STREET ADDRESS 961 HARBOUR DRIVE CITY-ST-ZIP Longwood, FL 32750 CITY-ST-ZIP LONGWOOD FL - Change TITLE ☐ Delete TITLE Addition ELLIS, FRED NAMÉ wnd NAME falls mead STREET ADDRESS STREET ADDRESS 630 FALLSMEAD CIRCLE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL esident, Director. TITLE ☐ Delete TITLE Bill Bowmar NAMÉ NAME 610 Riverside Court STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director ☐ Delete TITLE Addition TITLE Tonya Nelson NAME NAME 1040 Landings Pl. STREET ADDRESS STREET ADDRESS on awood, FL CITY-ST-ZIP 32750 CITY-ST-ZIP Cavanaugh, DI Bother MAddition TITLE Delete 601 Torrey Dals NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empower

SIGNATURE: