2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am **DOCUMENT # 753954 Secretary of State** 02-21-2002 90175 045 ****61.25 THE LANDINGS (LONGWOOD) HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address 165 W STATE ROAD 434 165 W STATE ROAD 434 WITNER SPRINGS FL 32708 WITNER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Box 915322 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2069820 Not Applicable ാനുധയാ Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired HŠ 3279 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Association Management Company Street Address (P.O. Box Number is Not Acceptable) EPM SERVICES, INC. 165 WEST SR 434 434 WINTER SPRINGS FL 32708 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 me of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DST (9/01 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JONES, ROBERT NAME NAME **CR2E037** STREET ADDRESS STREET ADDRESS 648 FALLSMEAD CIRCLE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL PD Addition Addition TITLE Delete TITLE Change TODD, GEORGE Nelson, Andrew NAME NAME STREET ADDRESS 620 WEST LAKE CIRCLE STREET ADDRESS 4 to Landings Place CITY-ST-ZIP CITY-ST-ZIP Longwood FL 32750 ongwood. FL 32750 ☐ Addition ☐ Delete Change Change TITLE TITLE ELLIS, FRED Ellis, Fred NAME NAME STREET ADDRESS 630 FALLSMEAD CIRCLE STREET ADDRESS 630 Fallsmead arcle CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP Longwood, FL 32750 Change ☐ Addition Delete TITLE TITLE LUND, CARLY Lund, Carly 647 Fallsmead Circle NAME NAME STREET ADDRESS 647 FALLSMEAD CIR STREET ADDRESS ongwood, FL 32750 CITY-ST-ZiP LONGWOOD FL 32750 CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE BOWMAR, BILL NAME NAME STREET ADDRESS 610 RIVERSIDE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change TITLE Delete TITI F ☐ Addition **NELSON, TONYA** NAME NAME STREET ADDRESS 640 LANDINGS PL STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROBLEM Date Date Dayling Phone #

changed, or on an attachment with an address, with all other

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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if