2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 8:00 am Secretary of State **DOCUMENT#753954** 1. Entity Name 02-12-2004 90006 021 ****61.25 THE LANDINGS (LONGWOOD) HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 915322 LONGWOOD FL 32791 165 W STATE ROAD 434 WITNER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2069820 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired · 🗌 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL ASSOCIATION MANAGEMENT CO Street Address (P.O. Box Number is Not Acceptable) 165 WEST SR 434 WINTER SPRINGS FL 32708 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. \Box Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DST Addition Change TITLE ☐ Delete TITLE JONES, ROBERT Bowmar, William 610 Riverside Court NAME NAME 648 FALLSMEAD CIRCLE STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP Lonawood, FL 32750 □ Change ☐ Addition TITLE ☐ Delete TITLE NELSON, ANDREW NAME NAME 640 LANDINGS PLACE STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete ELLIS, FRED - - -NAME NAME' 630 FALLSMEAD CIRCLE STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE LUND, CARLY NAME NAME 647 FALLSMEAD CIR STREET ADDRESS STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

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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 empowered.

FILED