2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770471

Entity Name: LANDFALL OWNERS ASSOCIATION, INC.

FILED May 06, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14118 PERDIDO KEY DRIVE PENSACOLA, FL 32507 US

Current Mailing Address: New Mailing Address:

7823 BAY MEADOWS DRIVE P O BOX 34466

PENSACOLA, FL 32507 US PENSACOLA, FL 32507 US

FEI Number: 59-2662393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROWE, DENNIS N
7823 BAY MEADOWS DRIVE
PENSACOLA, FL 32507 US
GLASSELL, BRUCE C
14113 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

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: BRUCE C GLASSELL 05/06/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 STD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 ROWE, DENNIS N
 Name:
 GLASSELL, BRUCE C

Address: 7823 BAY MEADOWS DRIVE Address: 14113 PERDIDO KEY DRIVE City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

Title: VD () Delete Title: VD (X) Change () Addition

Name: ROWE, LORRAINE Name: GILCHRIST, JOE

Address: 7823 BAY MEADOW DRIVE Address: 14113 PERDIDO KEY DRIVE City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

Title: PD (X) Delete Title: () Change () Addition

 Name:
 GALDAMEZ, ALONSO
 Name:

 Address:
 725 MARLINSPIKE DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SUGG, HARRY JR
 Name:

 Address:
 14620 MULLET LANE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 LEGERE, DONALD M
 Name:

 Address:
 31 WOODHILL ROAD
 Address:

 City-St-Zip:
 BOW, NH 03304
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C GLASSELL PRES 05/06/2004