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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J69276

(0)

Corporation Name
THE LANDINGS AT INVERNESS, INC.

FILED
Apr 07 1997 8:00am
Secretary of State



Principal Prac		10 11			INTOL MIMIL MIMIL SIBIL ALBLI ALBLI ALBLI LEGI
•	de of Business	Mailing Address			
1645 W. MAIN ST Inverness FL 34450		P.O. BOX 5081 PO BOX 5081			
invennego ri US	L 3443U	INVERNESS FL 34450-000	31		
		U\$		3. Date Incorporated or Qualified	3a. Date of Last Report
				04/24/1987	06/03/1996
-,	Place of Business	2a, Mailing Address		4, FEI Number 59-2924461	Applied For
<u> </u>		26 Cuite Ant 4 oto		38 2824401	Not Applicable \$8.75 Additional
— Suite, Apt. ⊟	: #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired	Fee Required
Z City & Sta	to.	City & State		6. Election Campaign Financing	\$5.00 May Be
3]	****	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
ו ו	25	29	30	Florida Statutes	Yes 🗷 No
J	g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	glatered Agent
GR	AY, STEVE		81 Name	Stev	∽
	45 W MAIN ST		82 Street Ad	dress (P.O. Box Number is Not Acceptab	ie) DI
	ÆRNESS FL 34450		2	915 Silochy	erness ft.
****			83		
					ar Tin Code
			84 City J	NULTHRUSS	FL 18 3 4445
1. Pursuani	t to the provisions of Sections 607.0	502 and 607.1508, Florida State	ites, the above-named co	orporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered
SIGNATURE	Signature, typed or pented name of registered	AND THE PARTY OF T			DATE
			OTE: Registered Agent signature req		
	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
IILF	OFFICERS A				ERS AND DIRECTORS IN 12
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4. I do 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 arrival report or supplied entat 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 conforation or the receiver or trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment of the name of the conformation.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97 3523448096