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**Apr 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69276 (0)
1. Corporation Name
THE LANDINGS AT INVERNESS, INC.



Principal Place of Business: **1645 W. MAIN ST INVERNESS FL 34450 US**
Mailing Address: **P.O. BOX 5081 PO BOX 5081 INVERNESS FL 34450-0081 US**

3. Date Incorporated or Qualified: **04/24/1987**
3a. Date of Last Report: **06/03/1986**
4. FEI Number: **59-2024461**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, STEVE
1645 W MAIN ST
INVERNESS FL 34450**

81. Name: **Gray Steve**
82. Street Address (P.O. Box Number is Not Acceptable): **2915 S. Lochverness Pt.**
83.
84. City: **Inverness** FL 85. Zip Code: **34450**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAY, VIRGINIA | |
| STREET ADDRESS | 600 WHISPERING PINES BLVD | |
| CITY-ST-ZIP | INVERNESS FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAY, STEVE | |
| STREET ADDRESS | 600 WHISPERING PINES BLVD | |
| CITY-ST-ZIP | INVERNESS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | P.D. Steve Gray | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 2915 S. Lochverness Pt. | |
| 1.3 STREET ADDRESS | Inverness FL 34450 | |
| 1.4 CITY-ST-ZIP | Inverness FL 34450 | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Robert Bourke | |
| 2.3 STREET ADDRESS | 2915 S. Lochverness Pt. | |
| 2.4 CITY-ST-ZIP | Inverness FL 34450 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental 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 corporation or trustee 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 with an address.

SIGNATURE: *[Signature]* **2-6-97 3523448090**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)