## 2005 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

## FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # N0000001872  1. Entity Name LANDYN'S LAKE HOMEOWNER'S ASSOCIATION, INC.									382 009 ***	*61.25	
Principal Place of Business 5472 FIRST COAST HWY., STE. ONE FERNANDINA BEACH, FL 32034 Mailing Address 5472 FIRST COAST HWY., FERNANDINA BEACH, FL								enter	•		
2. Principal Place of Business  HUGH WILLIAMS  Suite, Apt. #, etc.			3. Mailing Address HUGH WILLIAMS								
2882		YNS CIRCLE	Suite, Apt. #, e		CIRC	28	03282005	Chg-NP	С	R2E037 (10/0	3)
City & State	e	BEACH, FL	City & State FERNAND				4. FEI Numbe 59-3719				Applied For
Zip		Country	Zip	Co	untry		5. Certificate of		eirod I	 □ \$8.75	Not Applicable Additional
3203		USA and Address of Current F	32034	US	A					Fee Rec	
	oname.	and Address of Current F	registered Agent		Name		_7Name and			stered Agent	
WILLIAMS		HWY., STE. ONE			Street Ac		P.O. Box Numbe	VILLI			
		H, FL 32034		<b>\</b> .		· · · · · · · · ·			<u> </u>		
	e de la companya de l	,		~ ×	28	182	LAND	Y NLS	CIRCI		
				<b>&gt;&gt;</b>	City F-E	ERNA	ANDINA	BEAC	Н	FL Zip	20 34 ·
	named entity ions of regist	submits this statement for ared agent.	the purpose of chan	ging its register	ed office or	register	ed agent, or bot	n, in the Stat	te of Florida	ı. I am familiar v	rith, and accept
SIGNATURE		or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ed Agent signatu	ure required	when reinstating)	7	4-14	-05 DATE	
SIGNATURE	Filing Fed	or printed name of registered agent a e is \$61.25 ay 1, 2005	9. Elect	(NOTE: Registere ion Campaign I Fund Contribu	Financing		when reinstating) \$5.00 May Be Added to Fees	<del></del>	Make	DATE check payab	
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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 trystee 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.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

904-753-1415

Daytene Phone #