

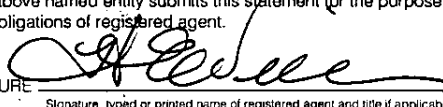
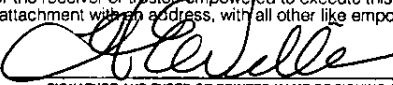


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2005 90382 009 ****61.25

DOCUMENT # N00000001872 1. Entity Name LANDYN'S LAKE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 5472 FIRST COAST HWY., STE. ONE FERNANDINA BEACH, FL 32034			Mailing Address 5472 FIRST COAST HWY., STE. ONE FERNANDINA BEACH, FL 32034		
2. Principal Place of Business HUGH WILLIAMS Suite, Apt. #, etc. 2882 LANDYNS CIRCLE City & State FERNANDINA BEACH, FL Zip 32034		3. Mailing Address HUGH WILLIAMS Suite, Apt. #, etc. 2882 LANDYNS CIRCLE City & State FERNANDINA BEACH, FL Zip 32034			
4. FEI Number 59-3719150		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03282005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent WILLIAMS, HUGH 5472 FIRST COAST HWY., STE. ONE FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name HUGH WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 2882 LANDYNS CIRCLE City FERNANDINA BEACH FL Zip Code 32034		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-14-05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ANN 4182 OYSTER BAY DR. FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, HUGH 5472 FIRST COAST HWY., STE. ONE FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPLIN, DEBORAH 5472 FIRST COAST HWY., STE. ONE FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RHETT HOLDEN-DODGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2875 LANDYNS CIRCLE FERNANDINA BEACH, FLORIDA 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-14-05 <small>Date</small>		904-753-1415 <small>Daytime Phone #</small>