2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008422

FILED Apr 05, 2005 Secretary of State

Entity Name: AUDUBON LANDING ASSOCIATION, INC.

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

3974 TAMPA ROAD

OLDSMAR, FL 34677

New Mailing Address: Current Mailing Address:

PO BOX 2157

OLDSMAR, FL 34677

FEI Number: 59-3714780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MELROSE MANAGEMENT GROUP HANSON, JACK B 3974 TAMPA ROAD 3974 TAMPA ROAD

OLDSMAR, FL 34677 US OLDSMAR, FL 34677 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.

City-St-Zip:

SIGNATURE: JACK B HANSON 04/05/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

BOEGLER, KEN Name: Name: 19127 LAKE AUDUBON DR Address: Address: TAMPA, FL 33647 City-St-Zip: City-St-Zip:

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

GORMAN, PAUL Name: PARRISH, DON Name:

Address: 19184 LAKE AUDUBON DR Address: 19129 LAKE AUDUBON DRIVE

City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

Title: () Delete Title: STD (X) Change () Addition SCANLAN, SANDY DANGER, LARRY Name: Name:

19106 LAKE AUDUBON DR 8602 EGRET POINT COURT Address: Address:

City-St-Zip: TAMPA, FL 33647 TAMPA, FL 33647

City-St-Zip:

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

Name: KETTNER, DELORES Name: GLANTZ, ARNOLD 8603 EGRET POINT CT Address: Address: 8608 EGRET POINT CT City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647

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

TATE, DONNA TATE, DONNA Name: Name: 8603 EGRET POINT CT 8604 EGRET POINT CT Address: Address:

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.

City-St-Zip:

TAMPA, FL 33647

SIGNATURE: JACK B HANSON **AGEN** 04/05/2005