

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 013 ****61.25

DOCUMENT # N00109

1. Entity Name

ADAM'S LANDING ASSOCIATION, INC.



Principal Place of Business

1515 ADAMS CIRCLE
LARGO FL 33770
US

Mailing Address

2880 SCHERER DRIVE
840
ST. PETERSBURG FL 33716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sterling Management Services

City & State

2870 Scherer Drive N., Suite 100
St. Petersburg, FL 33716

Zip

Country

Zip

Country

4. FEI Number

59-2551237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRUDNY AND RABIN, PA
28100 US HIGHWAY 19 NORTH
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Becker & Polia/Coff

Street Address (P.O. Box Number is Not Acceptable)

2401 West Bay Dr St 414

City

Largo

FL

Zip Code

33720

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.

SIGNATURE

ELLEN HIRSCH DE HAAN, J.D., FOR THE FIRM

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME MAHER, DIANE
STREET ADDRESS 1509 ADAMS CIR E.
CITY-ST-ZIP LARGO FL 33771

TITLE VP ☐ Delete
NAME CROSS, MARK
STREET ADDRESS 1429 ADAMS CIRCLE EAST
CITY-ST-ZIP LARGO FL 33771

TITLE T ☐ Delete
NAME CERCEK, LISA
STREET ADDRESS PO BOX 618
CITY-ST-ZIP BAY PINES FL 33744

TITLE P ☐ Delete
NAME JACOBSON, DEAN
STREET ADDRESS 1527 ADAMS CIRCLE
CITY-ST-ZIP LARGO FL 33771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Elaine Cross
STREET ADDRESS 1429 Adams Circle E.
CITY-ST-ZIP Largo, FL 33771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

DEAN R. JACOBSON, PRESIDENT

4-1-06

727-418-3855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #