

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

**FILED**

**Apr 04, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N01000000149**

1. Entity Name  
**THE RESIDENTS OF OCEAN LANDING INC.**



Principal Place of Business Mailing Address  
**2330 OFF SHORE COURT PO BOX 16263  
FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32305**



03292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3695224** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PETERS, ROBERT L  
311 CENTRE ST., #204  
FERNANDINA BEACH, FL 32034**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D/P
NAME	RUBIO, PETE
STREET ADDRESS	2330 OFF SHORE COURT
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D/S
NAME	STAPLETON, PRISCILLA
STREET ADDRESS	2311 YARD ARM WAY
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D/T
NAME	PRONTAUT, SHARON
STREET ADDRESS	2315 OFF SHORE COURT
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	IZZO, PAULAD/P
STREET ADDRESS	2794 LONG BOAT DR.
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	WARREN, TREY
STREET ADDRESS	2255 OFF SHORE DRIVE
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000288273  
04/05/05-80003-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/05

Date

904 321-0118

Daytime Phone #