2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

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Entity Name: THE RESIDENTS OF OCEAN LANDING INC.

Current Principal Place of Business:

2330 OFF SHORE COURT
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

2624 LONG BOAT DRIVE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

PO BOX 16263
FERNANDINA BEACH, FL 32305

New Mailing Address:

FEI Number: 59-3695224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete
Name: RUBIO, PETE
Address: 2330 OFF SHORE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D/S ( ) Delete
Name: COOMBE, RICHARD
Address: 2320 YARD ARM WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D/T ( ) Delete
Name: PICKAR, MICHELLE L
Address: 2352 OFF SHORE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: POWERS, JON
Address: 2624 LONG BOAT DR.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: PRONTAUT, TONY
Address: 2315 OFF SHORE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: POWERS, JON
Address: 2624 LONG BOAT DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: STAPLETON, PRISCILLA
Address: 2311 YARD ARM WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: MICHELLE L. PICKAR MS. 04/03/2007
Electronic Signature of Signing Officer or Director — Date