

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

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90026 033 ****61.25

DOCUMENT # N01000001233

1. Entity Name

NATURES LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**7041 DEPOT STREET
CEDAR KEY FL 32625**

Mailing Address

**P.O. BOX 1014
CEDAR KEY FL 32625**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number **13-4213810**
NO CHG. - 04-3707026
04-3707026

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEAKLEN, DAVID L
1401 49TH AVENUE 306 NOBLE FAIRE DRIVE
SAINT PETERSBURG FL 33703
SUN CITY 33573

Name

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

City

FL

Zip Code

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

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 **DP** ☐ Delete
NAME **STEAKLEY, DAVID L**
STREET ADDRESS **1401 49TH AVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **DV** ☒ Delete
NAME **WORTHINGTON, INEZ**
STREET ADDRESS **PO BOX 115**
CITY-ST-ZIP **GULF HAMMOCK FL 32639**

TITLE **D** ☐ Delete
NAME **MARTIN, PHIL**
STREET ADDRESS **5583 OLD US 41**
CITY-ST-ZIP **LAKE PARK GA 31636**

TITLE **PT** ☐ Delete
NAME **KELLY, LLOYD**
STREET ADDRESS **11550 SW 154TH AVE.**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE **DS** ☐ Delete
NAME **HELLERMANN, DORIS**
STREET ADDRESS **P.O. BOX 117**
CITY-ST-ZIP **CEDAR KEY FL 32625**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **STEAKLEY, DAVID L**
STREET ADDRESS **306 NOBLE FAIRE DRIVE**
CITY-ST-ZIP **SUN CITY, FLORIDA 33573**

TITLE **DV** ☐ Change ☐ Addition
NAME **MARILYN BOOHER**
STREET ADDRESS **12632 SW 143RD STREET**
CITY-ST-ZIP **ARCHER, FLORIDA 32618**

TITLE **DS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lloyd G Kelly* **LLOYD G KELLY 2-18-06 352-472-6900**