


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90030 040 \*\*\*\*61.25

<b>DOCUMENT # N01000001233</b>					
1. Entity Name <b>NATURES LANDING CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7041 DEPOT STREET CEDAR KEY, FL 32625</b>			Mailing Address <b>P.O. BOX 1014 CEDAR KEY, FL 32625</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-3707026</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STEAKLEN, DAVID L 306 NOBLE FAIRE DR SUN CITY CENTER, FL 33573</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<input type="checkbox"/> Delete			
NAME	STEAKLEY, DAVID L				
STREET ADDRESS	<del>306 NOBLE FAIRE DR</del>				
CITY - ST - ZIP	SUN CITY CENTER, FL 33573				
TITLE	DV	<input type="checkbox"/> Delete			
NAME	BOOHER, MARILYN				
STREET ADDRESS	12632 SW 143RD ST				
CITY - ST - ZIP	ARCHER, FL 32618				
TITLE	DS	<input type="checkbox"/> Delete			
NAME	MARTIN, PHIL				
STREET ADDRESS	<del>5503 OLD US 1</del>				
CITY - ST - ZIP	LAKE PARK, GA 31686				
TITLE	PT	<input type="checkbox"/> Delete			
NAME	KELLY, LLOYD				
STREET ADDRESS	11550 SW 154TH AVE.				
CITY - ST - ZIP	CEDAR KEY, FL 32625				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HELLERMANN, DORIS				
STREET ADDRESS	P.O. BOX 117				
CITY - ST - ZIP	CEDAR KEY, FL 32625				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS	306 NOBLE FAIRE DR				
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS	104 FLEET LANDING BLVD				
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



01052007 Chg-NP CR2E037 (12/06)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-07 352-472-6900

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.