

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 08:00 AM
Secretary of State

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**



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-3707026

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEAKLEN, DAVID L
306 NOBLE FAIRE DR
SUN CITY CENTER, FL 33573**

**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)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
01/16/08-80077-020 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STEAKLEY, DAVID L
306 NOBLE FAIRE DR
SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BOOHER, MARILYN
12632 SW 143RD ST
ARCHER, FL 32618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
MARTIN, PHIL
104 FLEET LANNING BLVD
ATLANTIC BEACH, FL 32233**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-08

Date

352-472-6900

Daytime Phone #