


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90058 047 \*\*\*\*61.25

<b>DOCUMENT # N01000001318</b>		
1. Entity Name <b>THE LANDING AT CAMP CREEK OWNER'S ASSOCIATION, INC.</b>		
Principal Place of Business <b>5365 E. COUNTY HWY. 30-A, #105 SEAGROVE BEACH, FL 32459</b>		Mailing Address <b>P.O. BOX 4762 SANTA ROSA BEACH, FL 32459</b>
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>5399 E. Cty Hwy 30A</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>PMB # 115</b>	
City & State		City & State <b>Santa Rosa Beh. FL</b>
Zip	Country	Zip Country <b>32459 US</b>



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3713022</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BRUNI, ALAN P 51 CHANCE STREET PANAMA CITY BEACH, FL 32413</b>		7. Name and Address of New Registered Agent Name <b>Michael Seibert</b> Street Address (P.O. Box Number is Not Acceptable) <b>51 Chance Way</b> City <b>Panama City Beh. FL</b> Zip Code <b>32413</b>	
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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 *Michael D. Seibert, President* DATE 7/6/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEBERT, MICHAEL		NAME		
STREET ADDRESS	51 CHANCE WAY		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE	DTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GINGER		NAME		
STREET ADDRESS	4345 HIGHWAY 47 EAST		STREET ADDRESS		
CITY-ST-ZIP	WHITE BLUFF, TN 33187		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIERZBINSKI, BECKY		NAME		
STREET ADDRESS	747 COOPER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 40502		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 *Michael D. Seibert* **President**