

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90039 022 \*\*\*\*61.25

<b>DOCUMENT # N02000003770</b> 1. Entity Name <b>LUCKY'S LANDING MOBILE HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>133 BARRY AVE #17 LITTLE TORCH KEY, FL 33042</b>			Mailing Address <b>133 BARRY AVE #17 LITTLE TORCH KEY, FL 33042</b>		
2. Principal Place of Business <b>133 BARRY AVE LOT 28</b> Suite, Apt. #, etc. <b>LOT 28</b>		3. Mailing Address <b>133 BARRY AVE LOT 28</b> Suite, Apt. #, etc.			
City & State <b>LITTLE TORCH KEY</b>		City & State <b>LITTLE TORCH KEY</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33042</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MUFFIE BARBARA MOFFITT</b> <b>133 BARRY AVE #46</b> <b>LITTLE TORCH KEY, FL 33042</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MUFFIE BARBARA MOFFITT</b> <b>133 BARRY AVE #46</b> <b>LITTLE TORCH KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WILLIAMSON, JEANNE</b> <b>133 BARRY AVE #32</b> <b>LITTLE TORCH KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>STINSON, STEPHANIE</b> <b>133 BARRY AVE #11</b> <b>LITTLE TORCH KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HIGGINS, MICHAEL WIGGINS</b> <b>133 BARRY AVE #28</b> <b>LITTLE TORCH KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>LUNSFORD, JEFF</b> <b>133 BARRY AVE #12</b> <b>LITTLE TORCH KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BILL RICHART</b> <b>133 BARRY AVE #36</b> <b>LITTLE TORCH KEY, FL 33042</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MIRTH, PAT</b> <b>133 BARRY AVE #35</b> <b>LITTLE TORCH KEY, FL 33042</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowers.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/11/06</b> Daytime Phone: <b>872.5717</b>		