

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007405

FILED
Jan 20, 2004
Secretary of State

Entity Name: HABITAT LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 FRONT ST., STE. 203
KEY WEST, FL 330408347

New Principal Place of Business:

17 SHIPS WAY
BIG PINE KEY, FL 33043

Current Mailing Address:

201 FRONT ST., STE. 203
KEY WEST, FL 330408347

New Mailing Address:

17 SHIPS WAY
BIG PINE KEY, FL 33043

FEI Number: 59-3764186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTA LOUDENSLAGER
17 SHIPSWAY
BIG PINE KEY, FL 33043

Name and Address of New Registered Agent:

ROBERTA LOUDENSLAGER
17 SHIPS WAY
BIG PINE KEY, FL 33043

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.

SIGNATURE:

01/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CVD () Delete
Name: MEKWITZER, KEN
Address: 2518 STAPLES AVE.
City-St-Zip: KEY WEST, FL 33040

Title: CTD () Delete
Name: SMITH, JIM
Address: 201 FRONT ST., STE. 203
City-St-Zip: KEY WEST, FL 330408347

Title: PD () Delete
Name: LOUDENSLAGER, ROBERTA
Address: 201 FRONT ST., STE. 203
City-St-Zip: KEY WEST, FL 330408347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVD (X) Change () Addition
Name: MERWITZER, KEN
Address: 2518 STAPLES AVE.
City-St-Zip: KEY WEST, FL 33040

Title: CTD (X) Change () Addition
Name: SMITH, JIM
Address: 30332 KILLDEER LANE
City-St-Zip: BIG PINE KEY, FL 33043

Title: PD (X) Change () Addition
Name: LOUDENSLAGER, ROBERTA
Address: 17 SHIPS WAY
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA LOUDENSLAGER

PD

01/20/2004

Electronic Signature of Signing Officer or Director

Date