

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007405

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** HABITAT LANDING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17 SHIPS WAY  
BIG PINE KEY, FL 33043

**New Principal Place of Business:**

30320 OVERSEAS HWY  
BIG PINE KEY, FL 33043

**Current Mailing Address:**

17 SHIPS WAY  
BIG PINE KEY, FL 33043

**New Mailing Address:**

P O BOX 421003  
SUMMERLAND KEY, FL 33042

**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 SHIPS WAY  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

ROBERTA LOUDENSLAGER  
P O BOX 421003  
SUMMERLAND KEY, FL 33042 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DOMINICAK, WILLIAM PRES.  
Address: P O BOX 430597  
City-St-Zip: BIG PINE KEY, FL 33043

Title: CTD (X) Change ( ) Addition  
Name: MARTIN, CHERYL TREASUR  
Address: 30443 PINE WAY  
City-St-Zip: BIG PINE KEY, FL 33043

Title: CSD (X) Change ( ) Addition  
Name: CAMP, JULIANNA SEC.  
Address: P O BOX 6294  
City-St-Zip: KEY WEST, FL 33041

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: WILLIAM DOMINICAK

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date