

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007405

FILED
Mar 31, 2006
Secretary of State

Entity Name: HABITAT LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

30320 OVERSEAS HWY
BIG PINE KEY, FL 33043

New Principal Place of Business:

Current Mailing Address:

P O BOX 421003
SUMMERLAND KEY, FL 33042

New Mailing Address:

30320 OVERSEAS HWY
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
P O BOX 421003
SUMMERLAND KEY, FL 33042 US

Name and Address of New Registered Agent:

CALHOUN, ROBERT
30320 OVERSEAS HWY
BIG PINE KEY, FL 33043 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: ROBERT CALHOUN

03/31/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: SD (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 Chapter 119, 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

PD

03/31/2006

Electronic Signature of Signing Officer or Director

Date