


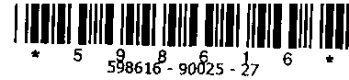
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90025 027 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N02105</b> ✓					
1. Corporation Name <b>NORTH LANDING HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2919 E. N. MILITARY TRAIL WEST PALM BEACH FL 33409			Mailing Address 2919 E. N. MILITARY TRAIL WEST PALM BEACH FL 33409		



2. Principal Place of Business 21 <b>4262 NORTHLAKE BLVD</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>4262 NORTHLAKE BLVD</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>03/22/1984</b>	
City & State 23 <b>PALM BEACH GARDENS, FL</b> Zip Country 24 <b>33410</b> 25		City & State 28 <b>PALM BEACH GARDENS, FL</b> Zip Country 29 <b>33410</b> 30		4. FEI Number <b>59-2536876</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>PETERS, H. DUKE II</b> <b>9676 HEATHER CIR W</b> <b>PALM BCH GARDENS FL 33410</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCQUAIDE, JOHN G.			1.2 NAME			
STREET ADDRESS	4726 WADITA-KA WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPILANE, MICHAEL			2.2 NAME			
STREET ADDRESS	4666 WADITA-KA WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERKINS, DOTTY			3.2 NAME			
STREET ADDRESS	4584 APPALOOSA ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAYSON, STONEY			4.2 NAME			
STREET ADDRESS	4605 WADITA-KA WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRETT, JOE			5.2 NAME			
STREET ADDRESS	4569 WAKITAKA WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, LARRY			6.2 NAME	REDAVID, PATRICIA H.		
STREET ADDRESS	4547 APPALOOSA ST.			6.3 STREET ADDRESS	4557 WADITA-KA WAY		
CITY-ST-ZIP	W. PALM BEACH FL			6.4 CITY-ST-ZIP	W. PALM BEACH FL 33417		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/99 5616261460  
Date Daytime Phone #

CR2E037 (11/98)