

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02105

FILED
May 02, 2004
Secretary of State**Entity Name:** NORTH LANDING HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4521 PGA BLVD
BOX 140
PALM BEACH GARDENS, FL 33418**New Principal Place of Business:****Current Mailing Address:**4521 PGA BLVD
BOX 140
PALM BEACH GARDENS, FL 33418**New Mailing Address:****FEI Number:** 59-2536876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PETERS, H. DUKE II
9676 HEATHER CIR W
PALM BCH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VPD () Delete
Name: SPILANE, MICHAEL
Address: 4666 WADITA-KA WAY
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** PD () Delete
Name: GARRETT, JOE
Address: 4569 VADITA-KA WAY
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** D () Delete
Name: BESS, EULA M
Address: 4620 APPALOOSA ST.
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** D () Delete
Name: NUTTING, BRUCE
Address: 4596 APPALOOSA STREET
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** D () Delete
Name: FEDINA, PATRICIA
Address: 4605 WADITA-KAY WAY
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** D () Delete
Name: LARNEY, REBEL J
Address: 4606 WADITA-KA WAY
City-St-Zip: WEST PALM BEACH, FL 33417**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: LAWRENCE, ROBERTA
Address: 4716 APPALOOSA STREET
City-St-Zip: WEST PALM BEACH, FL 33417

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: JOE GARRETT

PD

05/02/2004

Electronic Signature of Signing Officer or Director

Date