2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02105

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 33417

WEST PALM BEACH, FL 33417

DANIS, KEITH C MR

4570 WADITA-KA WAY

() Delete

FILED Apr 27, 2007 Secretary of State

Entity Name: NORTH LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4521 PGA BLVD **BOX 140** PALM BEACH GARDENS, FL 33418 **New Mailing Address: Current Mailing Address:** 4521 PGA BLVD **BOX 140** PALM BEACH GARDENS, FL 33418 FEI Number: 59-2536876 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERS, HENRY D MR SPILLANE, MICHAEL F MR 203 ANDALUSIA DRIVE 4666 WADITA KA WAY PALM BCH GARDENS, FL 33418 US US WEST PALM BEACH, FL 33417 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: MICHAEL F. SPILLANE 04/27/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SPILANE, MICHAEL F MR SPILLANE, MICHAEL F MR Name: Name: 4666 WADITA-KA WAY Address: 4666 WADITA-KA WAY Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: WEST PALM BEACH, FL 33417 Title: () Delete Title: () Change () Addition DURBIN, CARLA J MS Name: Name: Address: 4547 APPALOOSA STREET Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: () Delete Title: () Change () Addition BESS, EULA M MRS Name: Name: 4620 APPALOOSA ST. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: Title: () Change () Addition () Delete Name: NUTTING, BRUCE MR Name: 4596 APPALOOSA STREET Address: Address: City-St-Zip: WEST PALM BEACH, FL 33417 City-St-Zip: Title: () Delete Title: PΠ (X) Change () Addition FEDINA, PATRICIA MRS FEDINA, PATRICIA MRS Name: Name: 4605 WADITA-KA WAY 4605 WADITA-KA WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

WEST PALM BEACH, FL 33417

() Change () Addition

SIGNATURE: MICHAEL F. SPILLANE T 04/27/2007