

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 07, 2007**  
**Secretary of State**

DOCUMENT# N03000007501

**Entity Name:** DANIEL'S LANDING ASSOCIATION, INC.**Current Principal Place of Business:**107 N. LINE DR.  
APOPKA, FL 32703 US**New Principal Place of Business:**225 S WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**C/O VISTA COMMUNITY ASSOCIATION MANAGEMENT  
P.O. BOX 162147 (ATTN: MARGO PFAUSER)  
ALTAMONTE SPRINGS, FL 327162147**New Mailing Address:**C/O VISTA COMMUNITY ASSOCIATION MANAGEMENT  
P.O. BOX 162147  
ALTAMONTE SPRINGS, FL 327162147**FEI Number:** 57-1184925**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R  
225 S WESTMONTE DRIVE  
SUITE 3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK

08/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEISHER, SCOTT  
Address: 13641 DANIELS LANDING CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VPD ( ) Delete  
Name: CARNEY, ELAINE  
Address: 13425 DANIELS LANDING CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: SD ( ) Delete  
Name: VIGILANTE, MICHAEL  
Address: 13370 DANIELS LANDING CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: TD ( ) Delete  
Name: KITAIN, LAUREN  
Address: 13762 DANIELS LANDING CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D ( ) Delete  
Name: RULLAN, ZORAIDA  
Address: 13738 DANIELS LANDING CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787 US

**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  
Name:  
Address:  
City-St-Zip:

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

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

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.

SIGNATURE: SCOTT LEISHER

PD

08/07/2007

Electronic Signature of Signing Officer or Director

Date