

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010756

FILED
Jul 21, 2005
Secretary of State

Entity Name: THE LANDINGS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 PARKVIEW LN
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

PO BOX 309
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 48-1307776 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROGERS, MICHAEL L
107 PARKVIEW LN
LYNN HAVEN, FL 32444 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: PRES () Delete
Name: MILLER, SCOTT R
Address: 313 LANDINGS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: SEC () Delete
Name: HUNTER, TULLY J
Address: 413 LANDINGS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: TRES () Delete
Name: MICHAEL, ROGERS L
Address: 107 PARKVIEW LN
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHUTT, CINDY J
Address: 125 LANDINGS
City-St-Zip: LYNN HAVEN, FL 32444

Title: SEC (X) Change () Addition
Name: REINHARDT, STEVE R
Address: 109 PARKVIEW LANE
City-St-Zip: LYNN HAVEN, FL 32444

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

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: MICHAEL L ROGERS

TRES

07/21/2005

Electronic Signature of Signing Officer or Director

Date