



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90194 022 \*\*\*\*61.25

<b>DOCUMENT # N04000004455</b> 1. Entity Name <b>PHILLIPPI LANDINGS COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business 1921 MONTE CARLO DRIVE UNIT 703 SARASOTA, FL 34231			Mailing Address PO BOX 20708 SARASOTA, FL 34276		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEIDER, WILLIAM M 200 S. ORANGE AVENUE SARASOTA, FL 34236				Name _____	
				Street Address (P.O. Box Number is Not Acceptable) _____	
				City _____	
				FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRIS, ROBERT A JR 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MORRIS, ROBERT A III 1921 MONTE CARLO DR UNIT 703 SARASOTA, FL 34231
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HILTON, WILLIAM B 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILTON, WILLIAM B 1921 MONTE CARLO DR UNIT 703 SARASOTA, FL 34231
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, ROBERT A III 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		ROBERT A. MORRIS, JR, PRESIDENT		04/21/2008 941-923-6353	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	