



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

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| DOCUMENT # N05000008889 1. Entity Name THE LANDINGS (SHELL PT) HOME OWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 2915 S.R. 590 20 CLEARWATER, FL 33759 | Mailing Address 2915 S.R. 590 20 CLEARWATER, FL 33759 |
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 20-4711875 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent QUEEN, GARY F 2915 S.R. 590 20 CLEARWATER, FL 33759 | DO NOT WRITE IN THIS SPACE |
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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.

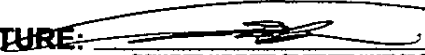
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

| | | |
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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000869530 04/08/08-20052-016 61.25 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P QUEEN, GARY F 2915 S.R. 590, SUITE 20 CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GRIMMER, DANIEL 2915 S.R. 590, SUITE 20 CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M LOOKER, THOMAS 2915 S.R. 590, SUITE 20 CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  **Gary F. Queen** **2/8/08** **727-796-7123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #