

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR).

FILED

Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011249



1. Entity Name

LANG-RYLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2030 S. PATRICK DRIVE
SUITE 1
INDIAN HARBOUR BEACH FL 32937

2030 S. PATRICK DRIVE
SUITE 1
INDIAN HARBOUR BEACH FL 32937

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

4. FEI Number

20-4775704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: LANG, TIMOTHY C ☐ Delete
STREET ADDRESS: 261 LANSING ISLAND DRIVE
CITY-STATE-ZIP: SATTELLITE BEACH FL 32937

TITLE: PD
NAME: RYLAND, STEVEN P ☐ Delete
STREET ADDRESS: 390 RIO PALMA SOUTH
CITY-STATE-ZIP: INDIALANTIC FL 32903

TITLE: STD
NAME: WOLINSKI, MICHAEL ☐ Delete
STREET ADDRESS: 1807 REDWOOD AVENUE
CITY-STATE-ZIP: MELBOURNE BEACH FL 32951

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 000000673076
03/29/07-80014-013 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Steve Ryland

02/06/07

773-5290