2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N05295

Entity Name: LANDINGS ON LEMON BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2424 PLACIDA ROAD, C204
ENGLEWOOD, FL 342245450

New Principal Place of Business:

2424 PLACIDA ROAD,
ENGLEWOOD, FL 342245450

Current Mailing Address:

508 N INDIANA AVE
ENGLEWOOD, FL 34223

New Mailing Address:

514 N INDIANA AVE
ENGLEWOOD, FL 34223

FEI Number: 59-2500326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERCIER, LETETIA
508 N INDIANA AVE
ENGLEWOOD, FL 34223 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: PD ( ) Delete
Name: MYERS, RICHARD
Address: 2424 PLACIDA RD., D103
City-St-Zip: ENGLEWOOD, FL 34224

Title: SD ( ) Delete
Name: SIMENTON, GEORGE
Address: 2424 PLACIDA RD. UNIT D302
City-St-Zip: ENGLEWOOD, FL 34224

Title: TD ( ) Delete
Name: STEWART, RUTH ANN
Address: 2424 PLACIDA ROAD D104
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete
Name: STEWART, ARTHUR
Address: 2424 PLACIDA RD, D104
City-St-Zip: ENGLEWOOD, FL 34224

Title: D ( ) Delete
Name: VAN SCYOC, TOM
Address: 2424 PLACIDA RD, C303
City-St-Zip: ENGLEWOOD, FL 34224

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: D (X) Change ( ) Addition
Name: SCHNEIDER, GARY
Address: 2424 PLACIDA RD, D203
City-St-Zip: ENGLEWOOD, FL 34224

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: RUTHANN STEWART TREA 02/25/2009
Electronic Signature of Signing Officer or Director — Date