


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90189 031 ****61.25

DOCUMENT # N06000005370					
1. Entity Name THE LANDINGS AT THE YACHT CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 942 N COLLIER BLVD MARCO ISLAND, FL 34145			Mailing Address P.O. BOX 380758 MURDOCK, FL 33938		
2. Principal Place of Business - No P.O. Box # 8825 Tamiami Trail East		3. Mailing Address 8825 Tamiami Trail East			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples FL 34113		City & State Naples FL 34113		4. FEI Number 26-0358932	
Zip 34113		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEATEWAY MANAGEMENT 1532 RIO DE JANEIRO BLVD PUNTA GORDA, FL 33983			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BOFF, JOE P.O. BOX 380758 MURDOCK, FL 33938		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8825 Tamiami Trail East Naples FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joel I Bobrow 8825 Tamiami Trail East Naples, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ulrike Garner 8825 Tamiami Trail East Naples, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [Addition]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Delete]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Change] [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: Ulrike Garner 4/24/08 279-774-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #