

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

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000006410</b>	
1. Entity Name <b>THE LANDINGS AT CORAL CREEK OWNERS' ASSOCIATION, INC.</b>	
Principal Place of Business <b>10401 CORAL LANDINGS LANE PLACIDA, FL 33946</b>	Mailing Address <b>9600 KOGER BLVD SUITE E105 ST PETERSBURG, FL 33702</b>



04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-8881049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GASKIN, MICHAEL  
9600 KOGER BLVD  
SUITE 105  
ST PETERSBURG, FL 33702**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	MGM
NAME	GASKIN, MICHAEL
STREET ADDRESS	9600 KOGER BLVD, STE 105
CITY-ST-ZIP	ST PETERSBURG, FL 33702

TITLE	MGM
NAME	CHADWICK, HARRY
STREET ADDRESS	9600 KOGER BLVD, STE 105
CITY-ST-ZIP	ST PETERSBURG, FL 33702

TITLE	MGM
NAME	FLEETING, ROBERT
STREET ADDRESS	9600 KOGER BLVD, STE 105
CITY-ST-ZIP	ST PETERSBURG, FL 33702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000945920  
05/30/08-80027-020 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/08**  
Date

**7275763803**  
Daytime Phone #