

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06954** (4)
1. Corporation Name
THE LANDINGS AT LAKE CAROLINE I, INC.



Principal Place of Business ROWLETT, BRYANT, W. 833 HARRISON AVENUE PANAMA CITY FL 32401 US	Mailing Address ROWLETT, BRYANT, W. 833 HARRISON AVENUE PANAMA CITY FL 32401 US
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3. Date Incorporated or Qualified 01/04/1985	
4. FEI Number 59-2760521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BRYANT, ROWLETT W.
833 HARRISON AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ABBOTT, JOHN <i>Debbie Thompson</i>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 833 HARRISON AVENUE	CITY-ST-ZIP PANAMA CITY FL	
TITLE SDV	NAME BRYANT, ROWLETT W.	<input type="checkbox"/> DELETE
STREET ADDRESS 833 HARRISON AVENUE	CITY-ST-ZIP PANAMA CITY FL	
TITLE SE	NAME SHEARS, MOBLE L	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1325 W 12TH ST. A-1	CITY-ST-ZIP PANAMA CITY FL	
TITLE <i>Cindy Tew</i>	NAME <i>1325 W 12th St. Apt A-1</i>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <i>PANAMA CITY, FL 32401</i>	CITY-ST-ZIP <i>PANAMA CITY, FL 32401</i>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <i>Pres</i>	NAME <i>Debbie Thompson</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME D	STREET ADDRESS <i>1325 W. 12th St. A-6</i>	
1.3 STREET ADDRESS <i>PANAMA CITY, FL 32401</i>	1.4 CITY-ST-ZIP	
2.1 TITLE <i>Treas/Dir.</i>	NAME <i>Cindy Tew</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME D	STREET ADDRESS <i>1325 W. 12th St. - A-1</i>	
2.3 STREET ADDRESS <i>PANAMA CITY, FL 32401</i>	2.4 CITY-ST-ZIP	
3.1 TITLE D	NAME <i>Rowlett W. Bryant</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME D	STREET ADDRESS <i>B-8, 1325 W. 12th St</i>	
3.3 STREET ADDRESS <i>PANAMA CITY, FL 32401</i>	3.4 CITY-ST-ZIP	
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STREET ADDRESS	
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STREET ADDRESS	
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STREET ADDRESS	
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: *Rowlett W. Bryant*, Pres. 4-27-98 850-763-1787

CR2E037 (10/97)