

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90125 008 ****61.25

DOCUMENT # N06955

1. Entity Name

THE LANDINGS AT LAKE CAROLINE HOMEOWNERS ASSOCIA

Principal Place of Business

Mailing Address

% ROWLETT W. BRYANT
 833 HARRISON AVENUE
 PANAMA CITY FL 32401

1325 W. 12TH STREET
 UNIT C-7
 PANAMA CITY FL 32401-2070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2760521

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVE
PANAMA CITY FL 32401

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.

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, PAM	
STREET ADDRESS	1325 W. 12TH ST UNIT C-5	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEATON, CAROL	
STREET ADDRESS	1325 W. 12TH ST UNIT A-5	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHADDIX, SALLY	
STREET ADDRESS	1325 W 12TH ST C-4	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEVES, RYAN	
STREET ADDRESS	1325 12TH ST. UNIT C-6	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD Debra Thompson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1325 W. 12th St. Unit A-6	
STREET ADDRESS	PANAMA CITY, FL 32401	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD Pearl Lamonica	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1325 West 12th St. Unit B-7	
STREET ADDRESS	PANAMA CITY, FL 32401	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, 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:

Sally Shaddix
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00
 Date

850-230-2040
 Daytime Phone #

CR2E037 (9/99)