

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90041 008 \*\*\*\*61.25

**DOCUMENT # N06955**

1. Entity Name

**THE LANDINGS AT LAKE CAROLINE HOMEOWNERS  
ASSOCIATION, INC.**



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number  
**59-2760521**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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. 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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCNEAL, DEBRA ☒ Delete  
STREET ADDRESS 902 JEREMY LANE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE VD  
NAME DEATON, CAROL ☒ Delete  
STREET ADDRESS 1325 W. 12TH ST UNIT A-5  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD  
NAME SHADDIX, SALLY ☒ Delete  
STREET ADDRESS PO BOX 27116  
CITY-ST-ZIP PANAMA CITY BEACH FL 32411

TITLE RSD  
NAME NEVES, RYAN ☒ Delete  
STREET ADDRESS 5125 CHERRY ST  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Childers, Scott  
STREET ADDRESS 1325 W. 12th St. # B-5  
CITY-ST-ZIP Panama City, FL 32401

TITLE VD ☐ Change ☒ Addition  
NAME Kensingner, Kim  
STREET ADDRESS 1325 W. 12th St. # A-1  
CITY-ST-ZIP Panama City, FL 32401

TITLE S ☐ Change ☒ Addition  
NAME Thomas, Kim  
STREET ADDRESS 1325 W. 12th St. # C-5  
CITY-ST-ZIP Panama City, FL 32401

TITLE mb ☐ Change ☒ Addition  
NAME Britto, S. Louise  
STREET ADDRESS 1325 W. 12th St. # C-6  
CITY-ST-ZIP Panama City, FL 32401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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:** *S. Louise Britto, S. Louise Britto* **3-3-04 850-582-8635**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #