

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N07000003747

Entity Name: THE LANDINGS AT INVERNESS SLIP OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

513 PALMA CEIA PT
INVERNESS, FL 34450

New Principal Place of Business:

218 BUENA VISTA CT.
INVERNESS, FL 34450

Current Mailing Address:

513 PALMA CEIA PT
INVERNESS, FL 34450

New Mailing Address:

218 BUENA VISTA CT.
INVERNESS, FL 34450

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, RONALD
513 PALMA CEIA PT
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

BURROWS, KATHLEEN
218 BUENA VISTA CT.
INVERNESS, FL 34450 US

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: KATHLEEN BURROWS

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMMOND, RONALD
Address: 513 PALMA CEIA PT
City-St-Zip: INVERNESS, FL 34450

Title: PRES (X) Change () Addition
Name: CARLSON, ROBERT
Address: 209 BUENA VISTA CT.
City-St-Zip: INVERNESS, FL 34450

Title: ST () Delete
Name: PUSKARZ, STANLEY
Address: 516 PALMA CEIA PT
City-St-Zip: INVERNESS, FL 34450

Title: S/T (X) Change () Addition
Name: BURROWS, KATHLEEN
Address: 218 BUENA VISTA CT.
City-St-Zip: INVERNESS, FL 34450

Title: V () Delete
Name: ROSSITER, FRANK
Address: 510 PALMA CEIA PT
City-St-Zip: INVERNESS, FL 34450

Title: VP (X) Change () Addition
Name: ROSSITER, FRANK
Address: 510 PALMA CEIA PT
City-St-Zip: INVERNESS, FL 34450

Title: () Delete
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: BINGLER, ROB
Address: 576 SAN REMO CIR.
City-St-Zip: INVERNESS, FL 34450

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN S ROSSITER

VP

02/03/2009

Electronic Signature of Signing Officer or Director

Date