2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N08000007523

Entity Name: POLK LANDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD, STE 200
MAITLAND, FL 32751

New Principal Place of Business:

1053 MAITLAND CENTER COMMONS BLVD, STE 200
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

1053 MAITLAND CENTER COMMONS BLVD, STE 200
MAITLAND, FL 32751

New Mailing Address:

1053 MAITLAND CENTER COMMONS BLVD, STE 200
SUITE 200
MAITLAND, FL 32751

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

Name and Address of Current Registered Agent:

WALDRON, EDMUND J
1053 MAITLAND CENTER COMMONS BLVD, STE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CALLAHAN, JOHN T III
Address: 1 BUTTERCUP LANE
City-St-Zip: SOUTH YARMOUTH, MA 02664

Title: DV ( ) Delete
Name: WALKER, BERRY J JR.
Address: 1053 MAITLAND CENTER COMMONS BLVD, STE 200
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: WALDRON, EDMUND J
Address: 125 ANN RUSTIN DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN T. CALLAHAN, III DP 01/22/2009

Electronic Signature of Signing Officer or Director — Date