

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

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90002 007 ****61.25

DOCUMENT # N08256
 1. Entity Name
THE LANDINGS OF THE WITHLACOOCHEE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
20820 RIVER DR **P.O. BOX 515**
UNIT B-25 **DUNNELLON FL 34430**
DUNNELLON FL 34431

J4000077



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
20800 RIVER DR. **H.O.A.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 515

City & State City & State
DUNNELLON FL **DUNNELLON**
 Zip Country Zip Country
34430 MARION **FL 34431 MARION**

4. FEI Number 59-2774714 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YOUNG, CAROL
20820 RIVER DR., B 25
DUNNELLON FL 34431

7. Name and Address of New Registered Agent
 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 *Carol Young* DATE 1/27/2004
Signature, typed or printed name of registered agent (if title is applicable). (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD NEMCOVIC, RICHARD 11603 OSAGE ROAD DUNNELLON FL 34431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEISHER, JAY 4810 JUNO STREET TAMPA FL 33629 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROSBY, KENNETH 6820 GRAHAM RD FT PIERCE FL 34945 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, CAROL 20820 RIVER DR. B25 DUNNELLON FL 34431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IVES, ROBERT 5241 CHASE OAKS DRIVE SARASOTA FL 34241 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE VEHMEIER 5943 DUNFRIES ST. N. ST. PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKIE TUTKO 803 HARBOR CIRCLE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL RAYCHOK 577 W. KELLER ST. HERNANDO, FL 34442 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHIRLEY BROWN 20820 RIVER DR B-18 DUNNELLON, FL 34431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol Young* **CAROL YOUNG** 1/27/2004 352-489-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #