

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N08256

Entity Name: THE LANDINGS OF THE WITHLACOOCHEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20800 RIVER DR
DUNNELLON, FL 34431

New Principal Place of Business:

Current Mailing Address:

H. O. A.
PO BOX 515
DUNNELLON, FL 34430

New Mailing Address:

FEI Number: 59-2774714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

YOUNG, CAROL
20820 RIVER DR., B 25
DUNNELLON, FL 34431 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: PD () Delete
Name: VEHMEIER, STEVE
Address: 5943 DUNFRIES STREET
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: SD () Delete
Name: RENDA, JOE
Address: 424 6TH AVENUE NORTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD () Delete
Name: YOUNG, CAROL
Address: 20820 RIVER DR. B25
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: MURPHY, WILLIAM
Address: 5455 SE 43RD CT
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: MURPHY, WILLIAM
Address: 5455 SE 43RD CT
City-St-Zip: OCALA, FL 34480

Title: D () Delete
Name: SACINO, GREGORY
Address: 401 PARK ST SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

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:

Title: () Change () Addition
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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: CAROL YOUNG

TD

01/05/2009

Electronic Signature of Signing Officer or Director

Date