

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90152 025 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N16119

1. Corporation Name
THE LANDINGS AT INVERNESS HOMEOWNERS ASSOCIATION, INC.

561127 - 90080 - 44



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| Principal Place of Business 574 SAN REMO CIR INVERNESS FL 34450 US | Mailing Address 515 PALMA CEJA POINTE INVERNESS FL 34450 US |
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| 2. Principal Place of Business 21 209 Buena Vista Ct. Suite, Apt. #, etc. | 2a. Mailing Address 26 209 Buena Vista Ct. Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 07/29/1986 |
| 22 | 27 | 4. FEI Number 59-2891514 |
| 23 City & State Inverness, FL | 28 City & State Inverness, FL | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Zip 34450 | 25 Country U.S.A. | 29 Zip 34450 |
| 26 Country U.S.A. | 30 Country U.S.A. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 9. Name and Address of Current Registered Agent BUSH, EUGENE L 574 SAN REMO CIRCLE INVERNESS FL 34450 | 10. Name and Address of New Registered Agent 81 Name Donald Haddock 82 Street Address (P.O. Box Number is Not Acceptable) 209 Buena Vista Ct. 83 84 City Inverness FL 85 Zip Code 34450 |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Donald Haddock Pres.* DATE *May 24 99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>D. Halser</i> HALSER, WESLEY | 1.2 NAME | President, Director |
| STREET ADDRESS | 815 PALMA CEJA POINTE | 1.3 STREET ADDRESS | Donald Haddock |
| CITY-ST-ZIP | INVERNESS FL | 1.4 CITY-ST-ZIP | 209 Buena Vista Ct. Inverness, FL 34450 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>D. Bush</i> BUSH, EUGENE | 2.2 NAME | Vice-President, Director |
| STREET ADDRESS | 574 SAN REMO CIR | 2.3 STREET ADDRESS | Laura Jones |
| CITY-ST-ZIP | INVERNESS FL | 2.4 CITY-ST-ZIP | 211 Buena Vista Ct. Inverness, FL 34450 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>D. Reaby</i> REABY, JOHN | 3.2 NAME | Director |
| STREET ADDRESS | 304 PALMA CEJA POINTE | 3.3 STREET ADDRESS | Carl Isner |
| CITY-ST-ZIP | INVERNESS FL | 3.4 CITY-ST-ZIP | 576 San Remo Circle Inverness, FL 34450 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald Haddock* **SIGNATURE REQUIRED** 9 April 1999 (352) 344-8751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)