

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90253 017 \*\*\*\*61.25

**DOCUMENT # N16119**  
 1. Entity Name  
**THE LANDINGS AT INVERNESS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 PO BOX 687  
 INVERNESS, FL 34451-0687 US

Mailing Address  
 PO BOX 687  
 INVERNESS, FL 34451-0687 US

**50018834**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2891514**

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
**TWISS, KIM A**  
**311 W MAIN ST.**  
**INVERNESS, FL 34450**

7. Name and Address of New Registered Agent  
 Name **Janet Beza Cyr**  
 Street Address (P.O. Box Number is Not Acceptable)  
**311 W main St**  
 City **Inverness** FL Zip Code **34450**

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 *Janet Beza Cyr* DATE 4/26/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	VP POLLOCK, LARRY 213 BUENA VISTA CT. INVERNESS, FL 34450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMOND, BETTY 513 PALMA CEIA PT INVERNESS, FL 34450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESTER, MIKE 509 PALMA CEIA PT INVERNESS, FL 34450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, HAL 507 PALMA CEIA PT INVERNESS, FL 34450 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TINE, CHARLES V JR 574 SAN REMO CIRCLE INVERNESS, FL 34450 <input 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	President Larry Pollock 213 Buena Vista Ct Inverness, FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Betty Hammond 513 Palma Ceia Pt Inverness FL 34450 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles VanTine 574 San Remo Circle Inverness FL 34450 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Barbara Malz 513 Palma Ceia Pt Inverness FL 34450 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Charles VanTine* **CHARLES VAN TINE** 4-28-06 726-5263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #