

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90190 045 ****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**

40060200



02232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2891514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BEGA, JANET CYR
311 WEST MAIN ST
INVERNESS, FL 34450**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25.
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
POLLACK, LARRY
213 BUENA VISTA CT.
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
HAMMOND, BETTY
513 PALMA CEIA PT
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LESTER, MIKE
509 PALMA CEIA PT
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VAN TINE, CHARLES
574 SAN REMO CIRCLE
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
MALZ, BARBARA
513 PALMA CELA PT
INVERNESS, FL 34450**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #