2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # N20403 1. Entity Name INVERNESS LANDING PROPERTY OWNERS' ASSOCIATION, INC.					03-05-200	08 90031 037 °	****61.2	25
Principal Place of Business 6220 W CORPORATE OAKS DR 6220 W CORPORATE OAKS DR CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL					2 BIO SIDI) BBIII BIBII BBI	I III 2124 2121 2120 2120		0 1 (0 0)
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	ing Address					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08 Chg-NP	CR2E037 (1	2/06)	
City & State		City & State		4. FEIN 59-2	umber 2866824		Applie Not Ap	ed For pplicable
Zip	Country	Zip	Country	5. Certif	cate of Status Desire		75 Addition Regulred	nal
	-6. Name and Address of Current	Registered Agent		7. Name	and Address of Ne	w Registered Agen	t	
SCHLUMBERGER, ROBERT 6220 W CORPORATE OAKS DR			Name Street Ad	Address (P.O. Box Number is Not Acceptable)				
	RIVER, FL 34429				SHOOL IS NOT ACCEPT			
			City	· -		FL 2	Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or	registered agent, o	r both, in the State o		ar with, and	d accept
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required when reinstatin	9)	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NOTE: 9. Election Camp Trust Fund Co	paign Financing	#5.00 M Added to F	ay Be	Make check pay		
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 M	ay Be	Make check pay lorida Departmen	t of State	e kaj li ali ^{ag} elj
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10. TITLE NAME STREET ADORESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI TD TOWNSEND, JACK 1400 LONGBOAT PT INVERNESS, FL 34450	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 M Added to I ADDITIONS	ay Be ees F	Make check pay lorida Departmer	ORS IN 10	<u>ીસ્તે. પ્ર[ા]ધ્ય</u>)
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12. I hereby certify that the information supplied with this filling 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 pther like empowered.

SIGNATURÉ

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OYMARO8

352-795-3691