2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21992

FILED May 02, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

15500 N. EVERGREEN ROAD CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

17565 PO BOX 17566 PO BOX

CLEARWATER, FL 33762 US CLEARWATER, FL 33762 US

FEI Number: 59-2720277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUTTING, FRED 1801 OAKFORREST DR S CLEARWATER, FL 33759 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DP (X) Change () Addition WORKMAN, ROY DWYER, MICHAEL Name: Name: BOX 2377 N/A Address: 9415 LAURA CT Address: City-St-Zip: CLEARWATER, FL 33757 City-St-Zip: SEMINOLE, FL 33776

DS Title: DS

Title: () Delete (X) Change () Addition Name: DASILVA, ANN Name: MULLING, JO

Address: 14412 MOORING DRIVE Address: 461 20TH AVENUE City-St-Zip: SEMINOLE, FL City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: () Delete Title: (X) Change () Addition

OPITZ, REINHARO LITTLER, DAVID Name: Name: Address: 225 ORLANDO RD Address: 10020 86TH WAY N.

City-St-Zip: BELLEAIR, FL 33756 City-St-Zip: LARGO, FL 33777

Title: () Delete Title: DP (X) Change () Addition

Name: CUTTING, FRED Name: CUTTING, FRED

1801 OAKFORREST DR S Address: 1801 OAKFORREST DR S Address: City-St-Zip: CLEARWATER, FL 33759 City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID LITTLER **TREA** 05/02/2005