FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N24958

(3)

THE LANDING AT NORTH FORK, INC.

FILED
Jun 18 1998 8:00am
Secretary of State

Principal Place of Business		Mailing Address		* (400-110) 414 (181) 81919 (318) 81(8) 1811 (6:6:: 6:6:: 6:8:: 6:5:: 6:6:: (6):	
2401 LOOKOUT BLVD S PORT ST LUCIE FL 34994 US		2401 LOOKOUT BLVD \$ PORT ST LUCIE FL 34984 US		3. Date Incorporated or Qualified 02/23/1988		
		••			4. FEI Number	Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address			65-0186302	40.75
21		26		5. Certificate of Status Desired	Fee Required	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
City & State		City & State		Trust Fund Contribution	Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association? Yes No		
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30.	
<u> </u>	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regist	tered Agent
DDICE	DOMAID I					<u> </u>
PRICE, RONALD J 2401 LOOKOUT BLVD S			82	Street A	Address (P.O. Box Number is Not Acceptable)	
PT ST LUCIE FL 34984			83			
			84	City		85 Zip Code
11 Durament	to the provisions of Sections 617.06	02 and 617 1509 Florida Statut	on the above	namad	corporation submits this statement for the purp	FL by zip code
I office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a	authorized by	the corp	oration's board of directors. I hereby accept the	e appointment as registered
ĺ	am tamiliar wiln, and accept the oblig	jations of, Section 617.0003, Fit	orida Statutes	э.		
SIGNATURE	Signature, typed or printed name of registered ag			nt signature		DATE
12.		AND DIRECTORS 13		1	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
TITLE NAME	PD PRICE, RONALD, J.	ت مددداد	1.1 TITLE E 1.2 NAME			C Cuantie
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY - S	T-71P		
TITLE	VD	D ELETÉ	2.1 TITLE		JEFFREY CAPE	
NAME	TYLDSLEY, EUGENE J		2.2 NAME		2441 LOCKOUT	BLVD, S.
STREET ADDRESS	2441 LOOKOUT BLVD S PORT ST. LUCIE FL		2.3 STREET	- 1	JEFFREY CAPE 2441 LOCKOUT A PORT ST. LUCIO	= , FL.
CITY-ST-ZIP TITLE	STD	☐ DELETE	2. 4 CITY - 3 3.1 TITLE	51 - ZIP	·	Change Addition
NAME	PRICE, CHARLENE C		3.2 NAME			
STREET ADDRESS	2401 LOOKOUT BLVD S		3.3 STREET	ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL	Drutz*	3.4. CITY-5	ST-ZIP		Channe Addist-
TITLE		∐ DELETÉ	4.1 TITLE 4. 2 NAME			Change Addition
NAME STREET ADDRESS			4.2 NAME	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	- 1		
TITLE	1	DELETE	5.1 TITLE			Change Addition
NAMÉ			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - S	T-ZIP		Change Addition
TITLE NAME	1	C) Deceit	6.1 TITLE 6.2 NAME			T Autorities T Monthous
STREET ADDRESS			6.3 STREET	ADDRESS		

CITY-ST-ZIP

14. Thereby 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.

3R2E037 (10/9)