2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

04-13-2007 90176 030 ****61.25

DOCUMENT # N25996	
I. Entity Name COREY'S LANDING ASSOCIATION, INC.	
	(5 Turb 2 - 1)

Principal Place of Business Mailing Address 40059995 595 BAY ISLES RD # 201 595 BAY ISLES RD # 201 LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 US US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt #, etc 03282007 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number City & State 65-0108536 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BETH CALLANS MANAGEMENTS Street Address (P.O. Box Number is Not Acceptable) 595 BAY ISLES RD # 201 LONGBOAT KEY, FL 34228 City Zip Code 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Fiorida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PΠ ☐ Delete TITLE Addition TITLE ☐ Change NAME BLUEGLASS, MURRAY NAME 3506 MISTLETOE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition COHEN, RALPH NAME NAME STREET ADDRESS 3455 BYRON LANE STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP D TITLE TITLE ☐ Delete Change Addition NAME THOMAS, BRYAN NAME STREET ADDRESS 3448 MISTLETOE LANE STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete ☐ Change Addition FARRINGTON, LESLIE NAME 3496 MISTLETOE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP TITLE ☐ Delete TITLE **X** Change ☐ Addition UOLODKIA, STANLEY ODKIN, STANLEY NAME NAME STREET ADDRESS 3444 MISTLETOE LANE STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE **Change** ■ Addition MIKERHAN, DANIEL MILLER, DANIEL 3510 BYRON LANE STREET ADDRESS STREET ADDRESS LONGBOAT KEY, FL 34228 CITY-ST-ZIP

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: ALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGE OFFICER OR DIRECTOR DATE TO DATE OF SIGNAGE OFFICER OR DIRECTOR DATE OF SIGNAGE OFFICER OR DATE OF SIGNAGE OF SIGNAGE