

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 011 ****61.25

DOCUMENT # N31382

1. Entity Name

**THE LANDINGS AT MARINA COVE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**PO BOX 351653
PALM COAST, FL 32135**

Mailing Address

**PO BOX 351653
PALM COAST, FL 32135**

DO NOT WRITE IN THIS SPACE

02032006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2944039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANNON, FRED JR
PALM COST PROPERTY MANAGEMENT
7 FLORIDA PK DR, SUITE C
PALM COAST, FL 32137**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-11-2006

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**VPTD
HILDEBRANDT, JOHN
29 CAPTAINS WALK
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DOUGLAS, BRUCE
40 CAPTAINS WALK
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
UHL, ROBERT
MARINA POINT PLACE
PALM COAST, FL 32137**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06 386-446-6333
Date Daytime Phone #