

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31382

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE LANDINGS AT MARINA COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 351653  
PALM COAST, FL 32135

**New Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
PALM COAST, FL 32137

**Current Mailing Address:**

PO BOX 351653  
PALM COAST, FL 32135

**New Mailing Address:**

**FEI Number:** 59-2944039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

ANNON, FRED JR  
SOUTHERN STATES MANAGEMENT GRP  
7 FLORIDA PK DR, SUITE C  
PALM COAST, FL 32137 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: FRED ANNON, JR.

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPTD ( ) Delete  
Name: HILDEBRANDT, JOHN  
Address: 29 CAPTAINS WALK  
City-St-Zip: PALM COAST, FL 32137

Title: SD ( ) Delete  
Name: DOUGLAS, BRUCE  
Address: 31 CAPTAINS WALD  
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete  
Name: UHL, ROBERT  
Address: 25 MARINA POINT PLACE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: HILDEBRANDT, JOHN  
Address: POST OFFICE BOX 351653  
City-St-Zip: PALM COAST, FL 32135

Title: SD (X) Change ( ) Addition  
Name: DOUGLAS, BRUCE  
Address: POST OFFICE BOX 351653  
City-St-Zip: PALM COAST, FL 32135

Title: PD (X) Change ( ) Addition  
Name: UHL, ROBERT  
Address: POST OFFICE BOX 351653  
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT UHL

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date