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FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33941** **(8)**

1. Corporation Name
LANDFALL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4021 TEAL WAY PENSACOLA FL 32507 US	P O BOX 34416 PENSACOLA FL 32507 US

3. Date Incorporated or Qualified: 08/29/1989

4. FEI Number: 59-3123741 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 4007 INDIGO DR
22 Suite, Apt. #, etc.
23 City & State: PENSACOLA FL
24 Zip: 32507 25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'KELLY, SANDRA
7795 GRUNDY ST.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, FRED		1.2 NAME		
STREET ADDRESS	4007 INDIGO DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DILLARD, ROBERT		2.2 NAME		
STREET ADDRESS	4007 LANDFALL DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	GUSTASON, DENISE		3.2 NAME	GUSTAFSON, DENISE	
STREET ADDRESS	4020 TEAL WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE	DS	☑ Change ☐ Addition
NAME	O'KELLY, SANDRA		4.2 NAME	O'Kelly, SANDRA	
STREET ADDRESS	7795 GRUNDY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FECKO, FRAN		5.2 NAME		
STREET ADDRESS	4039 TEAL WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, BILL		6.2 NAME		
STREET ADDRESS	4031 TEAL WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby 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.

SIGNATURE: Denise L Gustafson 4/29/98 850-492-5648