FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

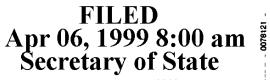
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N33941 1. Corporation Name

LANDFALL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busin
4007 INDIGO DR
PENSACOLA FL 32507

Mailing Address



04-06-1999 90087 005 ****61.25

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4007 INDIGO D PENSACOLA FI US		P O BOX 34416 PENSACOLA FL 32507 US			
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date incorporated or Qualifed 08/29/1989	
21		26		4. FEI Number	Applied For
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		59-3123741	Not Applicable
22 City & State	2	City & State			\$8.75 Additional
23		28		Certificate of Status Desired	Fee Required
Zip	Country	Zip	_ Country _	6. Election Campaign Financing	\$5.00 May Be
24	25	29 30	<u>) </u>	Trust Fund Contribution 10. Name and Address of New Re	Added to Fees
	9. Name and Address of Curren	t Registered Agent	81 Name	C. Name and Address of New As	gisteled Agent
*				DANDRA D'KCLLY	
O'KELLY,			82 Street	Address (P.O. Box Number is Not-Acceptable AND + A	le) Q
7795 GRU			83	OUT LANDETALIS	
PENSACU	LA FU 32507				1001 7: 001
	Call Not		84 City	ENSATA A	FL 85 Zip Code
		2 and 617.1508. Florida Statutes.	the above-named	compration submits this statement for the n	urpose of changing its redistered
office or re	adistored agent or both in the State	ot Florida. Such change was autr	ionzed by the corbo	pration's board of directors. I hereby accept	the appointment as registered
	m familiar with, and accept the obliga	dons of, Section 617.0505, Florida	a Glatutes.		,
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Re	ogistered Agent signature o	equired when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
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	DVP	☑ Change ☐ Addition
NAME	DILLARD, ROBERT		2.2 NAME	Henry Handla	
STREET ADDRESS	4007 LANDFALL DR.		2.3 STREET ADDRESS	4022 INDIGE DR	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSATULA FL	☐ Change ☐ Addition
TITLE	DT	☐ DELETE	3.1 TITLE		ChangeAddition
NAME	GUSTAFSON, DENISE		3.2 NAME	-	
STREET ADDRESS	4020 TEAL WAY		3.3 STREET ADDRESS		
CITY-ST-ZiP	PENSACOLA FL	☐ DELETE	3.4. CITY-ST-ZIP	.De	☑ Change
TITLE	DS CHELLY CANDOA	↑ nere is	4.1 TITLE	Dupley Wildes	ACI cumião Traduci.
NAME	O'KELLY, SANDRA		4. 2 NAME	HODI LANDFALL DE	₂ 1
STREET ADDRESS	7795 GRUNDY ST.		4.3 STREET ADDRESS	100, 100, 100, 100, 100, 100, 100, 100,	_
CITY-ST-ZIP	PENSACOLA FL	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	PENSACOIA FL	☐ Change
NAME	FECKO, FRAN	_ >====================================	5.2 NAME	BANDRA O'KELLY	
STREET ADDRESS	4039 TEAL WAY		5.3 STREET ADDRESS	4001 LAND Fall DR	
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		507
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	O'NEIL, BILL	-7	6.2 NAME		· ·
STREET ADDRESS	4031 TEAL WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	<u> </u>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11907(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 chapped, or on an attachment with an address, with all other like empowered.

SIGNATURE: