2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State
06-27-2005 90001 039 ****61.25

DOCUMENT # N33941

1. Entity Name
LANDFALL HOMEOWNERS ASSOCIATION, INC.

50053713

Principal Place of Business	Mailing Address
4007 AZURE WAY PENSACOLA, FL 32507 US	P O BOX 34416 PENSACOLA, FL 32507 US

05122005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4025 Azure Way	PO Box 34416
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32507 Country: Escambia	Zip: 32507 Country: ESCAMBIA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATERS, DEBORAH M 6200 DON CHARLES DRIVE PENSACOLA, FL 32507	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Deborah Waters — Deborah Waters — DATE

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

Filing Fee is $61.25
Due by September 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALL, MIKE 4025 AZURE WAY PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP POSEY, GLEN 4007 AZURE WAY PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CLARKE VICKI 4005 Landfall Dr Pensacola FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUTTS, VICTORIA 4008 TURQUOISE WAY PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMPSON Kelly 4060 moonraker PENSACOLA FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CLARKE, VICKI 4005 LANDFALL DR. PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S THOMPSON Kelly 4060 MOONRAKER Pensacola FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, ALLEN 4028 TEAL WAY PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pyle Timothy 4018 Azure Way Pensacola FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, LORRIE 4011 AZURE WAY PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Michael G. Ball President 23 Jun 05 8049220329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #