

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34872

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** LANDMARK WOODS HOMEOWNERS ASSOCIATION OF GAINESVILLE, INC.

**Current Principal Place of Business:**

PO BOX 357724  
GAINESVILLE, FL 326357724

**New Principal Place of Business:**

4300 NW 9TH PL  
GAINESVILLE, FL 32605

**Current Mailing Address:**

PO BOX 357724  
GAINESVILLE, FL 326357724

**New Mailing Address:**

**FEI Number:** 59-2995656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERNDON, KEITH M  
4512 NW 12TH PLACE  
GAINESVILLE, FL 32605 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: HERNDON, KEITH  
Address: PO BOX 357724  
City-St-Zip: GAINESVILLE, FL 32635

Title: VPD ( ) Delete  
Name: MORRISEY, SUE  
Address: 4321 NW 12TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD ( ) Delete  
Name: EVANICH, PEGGY  
Address: 4417 NW 10TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: PD ( ) Delete  
Name: OSGARD, JACK  
Address: 4332 NW 12TH PL  
City-St-Zip: GAINESVILLE, FL 32605

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH HERNDON

TD

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date