GRASSO, ALFRED S

6725 LANDOVER CIRCLE

TALLAHASSEE FL 32317

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

FILED 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) Mar 28, 2006 8:00 am Secretary of State DOCUMENT # N37749 1. Entity Name 03-28-2006 90133 048 ****61.25 LANDOVER HILLS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address VUUUU44/ P.O. BOX 14461 TALLAHASSEE FL 32317-4461 P.O. BOX 14461 TALLAHASSEE FL 32317-4461 2. Principal Place of Business 3. Mailing Address 14461 14461 PO Box PO Box. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Tallahassee, City & State Applied For 4. FFI Number FL Tallahassee, 59-3017882 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32317-4461 32317-4461 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert C. Ducasse II JACKSON, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 6624 LANDOVER CIRCLE TALLAHASSEE FL 32317 Tallahassee, FL 32317 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 Robert C. Ducasse (President) (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Delete Ducasse, Robert C.II TITLE Change TITLE NAME JACKSON, MICHAEL B 6744 Landover Circle NAME STREET ADDRESS 6624 LANDOVER CIRCLE STREET ADDRESS Tallahassee, FL 32317 TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-ST-ZIP TD TITLE Delete TITLE Change ☐ Addition MAGGIO, ROSE ANN NAME 6761 LANDOVER CIRCLE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-ST-ZIP SD TITLE Delete SD Grasso, Winifred Change. Addition THIELEN, TIMOTHY A NAME NAME 6725 Landover Circle STREET ADDRESS 6710 LANDOVER CIRCLE STREET ADDRESS Tallahassee, FL 32317 TALLAHASSEE FL 32317 CITY-ST-ZIP Beard, Sue X Delete VD K Change TITLE ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

6715 Landover Circle

Tallahassee, FL 32317

☐ Change

☐ Change

☐ Addition

☐ Addition

(850) SIGNATURE: That & Ducasse Robert C. Ducasse (President) 03/21/2006