


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90069 009 \*\*\*\*61.25

<b>DOCUMENT # N37749</b> 1. Entity Name <b>LANDOVER HILLS HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business P.O. BOX 14461 TALLAHASSEE FL 32317-4461 US	Mailing Address P.O. BOX 14461 TALLAHASSEE FL 32317-4461 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-3017882</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>DUCASSE, ROBERT C II</b> <b>6744 LANDOVER CIR</b> <b>TALLAHASSEE FL 32317</b>	Name <b>Same</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>Same</b>
	<b>Same</b>
	City <b>Same</b>

State <b>FL</b>	Zip Code <b>Same</b>
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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 <i>Robert C Ducasse</i>	DATE <b>3/31/07</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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12. 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.

SIGNATURE: <i>Samuel Charles - secretary</i>	DATE: <b>3/31/07</b>	HOME PHONE: <b>942-1858</b>
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