2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)\_\_\_\_

## **FILED** Apr 04, 2007 08:00 Al Secretary of State DOCUMENT # N40337 1. Entity Name MARK'S LANDING PROPERTY OWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 6224 MIDSHIP LANE PO BOX 0135 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business, - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-3125043 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALL, MARY LOU Street Address (P.O. Box Numbor is Not Acceptable) 6224 MIDCHIP LANE MELBOURNE BEACH FL 32951 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MU VP Delete THE Change Addition U00000890871 NAME NAME DIDDEN, WILLIAM S 04/12/07-80007-017 61.25 STREET ADDRESS STREET ADDRESS 125 REGATTA ST. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL IIILE ☐ Delete TITLE ☐ Change Addition NAME CARNEGIE, JOHN NAME STREET ADDRESS STREET ADORESS 106 REGATTA ST CITY-ST-ZIP CITY-ST-7IP MELBOURNE BEACH FL 32951 TITLE ☐ Delete TITLE Change ☐ Addition ST NAME NAME CATRI, SHARON STREET ADDRESS STREET ADDRESS 6224 MIDSHIP LANE CITY - ST - 7&P CITY-ST-ZIP MELBOURNE BEACH FL 32951 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change Addition Detete TITLE THTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIIE ☐ Delete шш Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP

12. I horeby 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 offect as if made under eath; 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:

Mary Pan Gallo - MARY LOU GALLO

321-952-788