

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40337

FILED
Apr 07, 2009
Secretary of State

Entity Name: MARK'S LANDING PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6224 MIDSHIP LANE
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

PO BOX 0135
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-3125043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALL, MARY LOU
6224 MIDCHIP LANE
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

GALLO, MARY LOU
6224 MIDCHIP LANE
MELBOURNE BEACH, FL 32951 US

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: MARY LOU GALLO

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIDDEN, WILLIAM S
Address: 125 REGATTA ST.
City-St-Zip: MELBOURNE BEACH, FL

Title: VP () Delete
Name: CARNEGIE, JOHN
Address: 106 REGATTA ST
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: 2VP () Delete
Name: PARKS, GREG
Address: 6234 LEE WARD LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ST () Delete
Name: GALL, MARY LOU
Address: 6224 MIDSHIP LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: PARL () Delete
Name: GASH, CATHY
Address: 125 REGATTA STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

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: ST (X) Change () Addition
Name: GALLO, MARY LOU
Address: 6224 MIDSHIP LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

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

I hereby certify that the information supplied with this filing does not qualify 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: MARY LOU GALLO

S/T

04/07/2009

Electronic Signature of Signing Officer or Director

Date