

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41377

FILED  
Mar 25, 2008  
Secretary of State

**Entity Name:** THE LANDINGS AT CARRABELLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

903 NW AVENUE A.  
CARRABELLE, FL 32322 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 209  
CARRABELLE, FL 32322 US

**New Mailing Address:**

**FEI Number:** 59-3115716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KWADER, THOMAS  
2620 LUCERNE DRIVE  
TALLAHASSEE, FL 32303 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: D ( ) Delete  
Name: MCDARIS, ROBERT A. J  
Address: 903 NW AVENUE A.  
City-St-Zip: CARRABELLE, FL 32322

Title: P ( ) Delete  
Name: KWADER, THOMAS  
Address: 2620 LUCERNE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: MCDARIS, CAROL  
Address: 903 NW AVENUE A.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: COPELAND, CHRIS  
Address: 3208 ROBINHOOD ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: NICKELS, DAVID  
Address: 125 MARSH GLEN POINT NW  
City-St-Zip: ATLANTA, GA 323281829

Title: V ( ) Delete  
Name: BOSTWICK, GREG  
Address: 8736 FORSYTHE WAY  
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: D (X) Change ( ) Addition  
Name: MCKENZIE III, EARL DR  
Address: 1876 DOVE FIELD RUN  
City-St-Zip: TALLAHASSEE, FL 32317

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

Title: T (X) Change ( ) Addition  
Name: MUELLER, DORIS  
Address: 2620 LUCERNE DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D (X) Change ( ) Addition  
Name: JOHNSON, DON  
Address: 1160 N LAKESHORE DR  
City-St-Zip: VALDOSTA, GA 31605

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 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: THOMAS KWADER

RA

03/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date