

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41377

FILED
Apr 30, 2009
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: MCKENZIE III, EARL DR
Address: 1876 DOVE FIELD RUN
City-St-Zip: TALLAHASSEE, FL 32317

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

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

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

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

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

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

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Address:
City-St-Zip:

Title: () Change () Addition
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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: DORIS J. MUELLER

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date