2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N41377

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:

P.O. BOX 180266
TALLAHASSEE, FL 32303 US

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:		
Title:	D	(X) Change ( ) Addition
Name:	MARXSEN, PETER	
Address:	POST OFFICE BOX 852	
City-St-Zip:	CARRABELLE, FL 32322	
Title:	D	(X) Change ( ) Addition
Name:	FEENEY, MICKEY	
Address:	6670 OLD MAZON ROAD	
City-St-Zip:	GARDNER, IL 60424	
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 PRES 07/06/2009

Electronic Signature of Signing Officer or Director — Date