

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90322 032 ***150.00

DOCUMENT # N42278

1. Entity Name
LANGLEY LANDOWNERS ASSOCIATION, INC.



Principal Place of Business
15 S. KISSIMMEE AVENUE
OCOE, FL 34761

Mailing Address
P O BOX 561079
ORLANDO, FL 32856 US

60025493



2. Principal Place of Business

3437 Bocage Drive
Suite, Apt. #, etc.
507

3. Mailing Address

Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State
Orlando, FL

City & State

4. FEI Number
59-3102121

Applied For
Not Applicable

Zip
32812

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUUR, HARRY J., III
15 S. KISSIMMEE AVENUE
OCOE, FL 34761

Name

Street Address (P.O. Box Number is Not Acceptable)

3437 Bocage Drive - # 507
City Orlando FL Zip Code 32812

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD
STREET ADDRESS LANGLEY, ARTHUR E.
CITY-ST-ZIP 1831 BELT MAR LANE
WINTER PARK, FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VD
STREET ADDRESS CRITTENDEN, EARL M.
CITY-ST-ZIP 1023 PINAR DR
ORLANDO, FL 32825 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME STD
STREET ADDRESS SCHUUR, HARRY J., III
CITY-ST-ZIP 3226 DEBBIE DR
ORLANDO, FL 32806 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry J. Schuur, III Harry J. Schuur, III

4-5-06

407-251-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #