

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42850

FILED
Jan 03, 2007
Secretary of State

Entity Name: STEINHATCHEE LANDING OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BOX 789
203 RYLAND CIRCLE
STEINHATCHEE, FL 32359

New Principal Place of Business:

POST OFFICE BOX 789
203 RYLAND CIRCLE
STEINHATCHEE, FL 32359

Current Mailing Address:

BOX 789
STEINHATCHEE, FL 32359

New Mailing Address:

BOX 789
203 RYLAND CIRCLE
STEINHATCHEE, FL 32359

FEI Number: 59-3111109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, R. DEAN
1604 3RD AVE
STEINHATCHEE, FL 32359 US

Name and Address of New Registered Agent:

FOWLER, DEAN R
1604 3RD AVE SOUTH
STEINHATCHEE, FL 32359 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: R. DEAN FOWLER

01/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FOWLER, R. DEAN
Address: 1604 3RD AVE
City-St-Zip: STEINHATCHEE, FL 32359

Title: VP () Delete
Name: JOHNSON, RUSSELL
Address: P.O. BOX 696
City-St-Zip: GRIFFIN, GA 30224

Title: TRES () Delete
Name: SALTER, JIM
Address: 5719 NW 97TH ST
City-St-Zip: GAINESVILLE, FL 32653

Title: DIR () Delete
Name: PLYMALE, CHRIS
Address: 1209 HILLINDALE RD
City-St-Zip: VALDOSTA, GA 31602

Title: DIR () Delete
Name: BELL, JAMES
Address: 5518 SW 85TH PL
City-St-Zip: OCALA, FL 344763742

Title: DIR (X) Delete
Name: THOMAS, JEFF
Address: P.O. BOX 220
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRES (X) Change () Addition
Name: WICKERSHAM, LINDA
Address: 17703 GREY EAGLE RD
City-St-Zip: TAMPA, FL 33647

Title: DIR (X) Change () Addition
Name: DANDRIDGE, PAT
Address: 2302 BIRDIE LANE
City-St-Zip: DULUTH, GA 30096

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 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: R. DEAN FOWLER

PRES

01/03/2007

Electronic Signature of Signing Officer or Director

Date