

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-18-2008 90010 011 ****61.25

DOCUMENT # N42850 1. Entity Name STEINHATCHEE LANDING OWNERS ASSOCIATION, INC.			
Principal Place of Business POST OFFICE BOX 789 203 RYLAND CIRCLE STEINHATCHEE, FL 32359		Mailing Address BOX 789 203 RYLAND CIRCLE STEINHATCHEE, FL 32359	
2. Principal Place of Business - No P.O. Box # <u>P.O. Box 193</u> Suite, Apt. #, etc.		3. Mailing Address <u>203 Ryland Circle</u> Suite, Apt. #, etc.	
City & State <u>Steinhatchee, Florida</u> Zip <u>32359</u>		City & State <u>Steinhatchee, Florida</u> Zip <u>32359</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number <u>59-3111109</u>		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		66005908 	
6. Name and Address of Current Registered Agent FOWLER, DEAN R 1804 3RD AVE SOUTH STEINHATCHEE, FL 32359		7. Name and Address of New Registered Agent Name <u>Russell Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>270 Maggie Circle, Steinhatchee, FL 32359</u> City <u>Steinhatchee</u> Zip Code <u>32359</u>	
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: <u>Russell Johnson</u> DATE: <u>3.12.08</u> (Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when reinstating))			
Filing Fee is \$61.25 Due by May 1, 2008		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FOWLER, R. DEAN 1804 3RD AVE STEINHATCHEE, FL 32359	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. JOHNSON, Russell PO 696 GRIFFIN, GA 30224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, RUSSELL P.O. BOX 698 GRIFFIN, GA 30224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIEL Aikenhead 7654 Weyford Club Dr W JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WICKERSHAM, LINDA 17703 GREY EAGLE RD TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Developer Appointed. Eileen JOHNSON 1011 NORFOLK LANE (PO 478) Steinhatchee, FL-32359
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DANDRIDGE, PAT 2302 BIRDIE LANE DULUTH, GA 30096	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Linda Wickersham 17703 Grey Eagle Rd TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BELL, JAMES 5518 SW 85TH PL OCALA, FL 344763742	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. Bell, JAMES 5518 SW 85th Pl OCALA, FL 344763742
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Russell Johnson</u> DATE: <u>3.12.08</u>		770 <u>2276330</u>	