

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 28, 2002 8:00 am
Secretary of State

03-31-2002 90354 014 ****61.25

DOCUMENT # N93000001562

1. Entity Name

THE LANDINGS MOBILE-HOMEOWNERS ASSOCIATION OF PORT ORANGE, INC.

Principal Place of Business

Mailing Address

154 SPRING DR
 PORT ORANGE FL 32119
 US

154 SPRING DR
 PORT ORANGE FL 32119
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2560442

Applied For

Not Applicable

Zip

Country

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

MCCALL, RICHARD
498 BLUE SKY DRIVE
PORT ORANGE FL 32119

Name **Worthington, Howard**
 Street Address (P.O. Box Number is Not Acceptable)
4 Spring Drive
Port Orange, Fl., 32129
 City **Port Orange, FL** Zip Code **32129**

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.

SIGNATURE

Howard F. Worthington
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3/8/02
 Date

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCCALL, RICHARD	
STREET ADDRESS	498 BLUE SKY DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FLORIN, RAYMOND	
STREET ADDRESS	132 SPRING DR	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE	P	<input type="checkbox"/> Delete
NAME	LYNCH, CHRISTINE	
STREET ADDRESS	480 AUTUMN TRAIL	
CITY-ST-ZIP	PORT ORANGE FL 32119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Worthington, Howard	
STREET ADDRESS	4 Spring Drive	
CITY-ST-ZIP	Port Orange, FL. 32129	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Kerr	
STREET ADDRESS	236 Autumn Trail	
CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynch, Christine	
STREET ADDRESS	480 Autumn Trail	
CITY-ST-ZIP	Port Orange, FL. 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Howard F. Worthington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 **304-0423**
 Date Daytime Phone #

CR2E037 (9/01)