2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001562

FILED Aug 24, 2004 Secretary of State

Entity Name: THE LANDINGS MOBILE HOMEOWNERS ASSOCIATION OF PORT ORANGE, INC.

Current Principal Place of Business:		of Business:	New Principal Place of Business:	
54 SPRIN PORT OR	IG DR ANGE, FL 321	19 US		
urrent M	lailing Addres	s:	New Mailing Address:	
54 SPRIN PORT OR	NG DR ANGE, FL 321	19 US		
El Number	: 59-2560442	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
lame and	Address of C	urrent Registered Agent	: Name and Address of New Registered Agent:	
VORTHIN SPRING	IGTON, HOWA	ARD		
	DRIVE ANGE, FL 321	29 US		
ORT OR.	ANGE, FL 321		he purpose of changing its registered office or registered agent, or both,	
ORT OR.	ANGE, FL 321 named entity selof Florida. RE:	submits this statement for t		
ORT OR. The above the State	ANGE, FL 321 named entity selof Florida. RE:			
PORT OR. The above the State SIGNATUR	ANGE, FL 321 named entity selof Florida. RE:	submits this statement for t		
PORT OR. The above the State SIGNATUR	ANGE, FL 321 named entity set of Florida. RE: Electron S AND DIRECT	submits this statement for to ic Signature of Registered TORS: Delete N, HOWARD	Agent Date	
PORT OR. The above on the State SIGNATUR DFFICER: ittle: lame: ddress:	ANGE, FL 321 named entity see of Florida. RE: Electron S AND DIRECT PD () WORTHINGTON 4 SPRING DRIV PORT ORANGE	ic Signature of Registered TORS: Delete N, HOWARD /E :, FL 32129 Delete PH RAIL	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOWARD WORTHINGTON PD 08/24/2004