

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001562

FILED  
Jul 21, 2007  
Secretary of State

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

**Current Principal Place of Business:**

154 SPRING DR  
PORT ORANGE, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

154 SPRING DR  
PORT ORANGE, FL 32119 US

**New Mailing Address:**

**FEI Number:** 59-2560442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARESCA, RALPH  
296 AUTUMN TRAIL  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARESCA, RALPH  
Address: 296 AUTUMN TRAIL  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP ( ) Delete  
Name: TIM, RUDD  
Address: 500 SUNSHINE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: TD ( ) Delete  
Name: LYNCH, CHRISTINE  
Address: 480 AUTUMN TRAIL  
City-St-Zip: PORT ORANGE, FL 32129

Title: BD ( ) Delete  
Name: LARRABEE, NADINE  
Address: 502 SUNSHINE LANE  
City-St-Zip: PORT ORANGE, FL 32129

Title: BD ( ) Delete  
Name: KEDDY, PHYLSIS  
Address: 315 AUTUMN TRAIL  
City-St-Zip: PORT ORANGE, FL 32129

Title: BD ( ) Delete  
Name: LINDA, KERR  
Address: 235 AUTUMN TRAIL  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

Title: BD (X) Change ( ) Addition  
Name: LYNCH, BETTY BD  
Address: 394 BLUESKY DRIVE  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify 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: RALPH MARESCA

Electronic Signature of Signing Officer or Director

PRES

07/21/2007

Date