
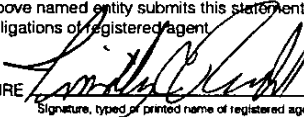



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 041 ****61.25

DOCUMENT # N93000001562			
1. Entity Name THE LANDINGS MOBILE HOMEOWNERS ASSOCIATION OF PORT ORANGE, INC.			
Principal Place of Business 154 SPRING DR PORT ORANGE, FL 32119 US		Mailing Address 154 SPRING DR PORT ORANGE, FL 32119 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03192008		Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2560442		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARESCA, RALPH 296 AUTUMN TRAIL PORT ORANGE, FL 32129		Name RUDD, Timothy Street Address (P.O. Box Number is Not Acceptable) 500 Sunshine Lane 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Timothy C Rudd		DATE 03/20/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARESCA, RALPH 296 AUTUMN TRAIL PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDD, Timothy 500 Sunshine Lane Port Orange, FL 32129 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIM, RUDD 500 SUNSHINE LANE PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Miller, MARY 313 Autumn Trail Port Orange, FL 32129 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNCH, CHRISTINE 480 AUTUMN TRAIL PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Ladorski, Doris 243 Autumn Trail Port Orange, FL 32129 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD LARRABEE, NADINE 502 SUNSHINE LANE PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Boyd, Richard 407 Blue Sky Port Orange, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD KEDDY, PHYLSIS 315 AUTUMN TRAIL PORT ORANGE, FL 32129 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD Smith, James 359 Foggy Lane Port Orange, FL 32129 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD LYNCH, BETTY BD 394 BLUESKY DRIVE PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Timothy C Rudd (President)		DATE: 03/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		386 788-0211 Daytime Phone #	