

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001562

FILED
Apr 16, 2009
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:

155 SPRING DR
PORT ORANGE, FL 32119 US

Current Mailing Address:

154 SPRING DR
PORT ORANGE, FL 32119 US

New Mailing Address:

155 SPRING DR
PORT ORANGE, FL 32119 US

FEI Number: 59-2560442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDD, TIMOTHY
500 SUNSHINE LANE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

MILLER, MARY
313 AUTUMN TRAIL
PORT ORANGE, FL 32129 US

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: MARY MILLER

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: MILLER, MARY
Address: 313 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: S () Delete
Name: ZADORSKI, DORIS
Address: 243 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: BD () Delete
Name: BOYD, RICHARD
Address: 407 BLUE SKY
City-St-Zip: PORT ORANGE, FL 32129

Title: BD () Delete
Name: SMITH, JAMES
Address: 359 FOGGY LANE
City-St-Zip: PORT ORANGE, FL 32129

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, MARY
Address: 313 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: VP (X) Change () Addition
Name: MARESCA, RALPH
Address: 296AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

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

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

Title: BD (X) Change () Addition
Name: LYNCH, CHRISTINE
Address: 480 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

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

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: BETTY LYNCH

BD

04/16/2009

Electronic Signature of Signing Officer or Director

Date