

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001562

FILED
Apr 29, 2010
Secretary of State

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

Current Principal Place of Business:

155 SPRING DR
PORT ORANGE, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

155 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 ()**

Name and Address of Current Registered Agent:

MILLER, MARY
313 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
Name: MILLER, MARY
Address: 313 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

Title: VP
Name: MARESCA, RALPH
Address: 296AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129 US

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

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

Title: BD
Name: LYNCH, CHRISTINE
Address: 480 AUTUMN TRAIL
City-St-Zip: PORT ORANGE, FL 32129

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

I hereby 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 all other like empowered.

SIGNATURE: DORIS ZADORSKI

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04/29/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date