

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001562

**FILED**  
**Apr 19, 2011**  
**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: JAYCOX, RALPH  
Address: 315 AUTUMN 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: MARY MILLER

PRES

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date