


FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000001600</b>					
1. Corporation Name <b>LOVE'S LANDING HOMEOWNERS ASSOCIATION, INC.</b>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>10835 S.E. SUNSET HARBOUR ROAD SUMMERFIELD FL 32691</b>	Mailing Address <b>10835 S.E. SUNSET HARBOUR ROAD SUMMERFIELD FL 32691</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/31/1994</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-3234093</b>	
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>LOVE, SAMUEL B JR. 10835 S.E. SUNSET HARBOUR ROAD SUMMERFIELD FL 32691</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	NAME	LOVE, JOHN H	1.1 TITLE		1.2 NAME	
STREET ADDRESS	10835 S.E. SUNSET HARBOUR ROAD			1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP	SUMMERFIELD FL 32691			2.1 TITLE		2.2 NAME	
TITLE	SD	NAME	LOVE, SAMUEL B JR.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS	10835 S.E. SUNSET HARBOUR ROAD			3.1 TITLE		3.2 NAME	
CITY-ST-ZIP	SUMMERFIELD FL 32691			3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	D	NAME	LOVE, SAMUEL B	4.1 TITLE		4.2 NAME	
STREET ADDRESS	10835 S.E. SUNSET HARBOUR ROAD			4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP	SUMMERFIELD FL 32691			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John H Love **SIGNATURE REQUIRED** John H Love 3-2-99 352 288 2582

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