

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002276

FILED
Feb 06, 2007
Secretary of State

Entity Name: THE LANDING TOWNHOMES OF SEALARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1791 MUSTANG ST
NAVARRE, FL 32566 US

New Principal Place of Business:

6920 SEA TURTLE CIRCLE
NAVARRE, FL 32566 US

Current Mailing Address:

1791 MUSTANG ST
NAVARRE, FL 32566 US

New Mailing Address:

6920 SEA TURTLE CIRCLE
NAVARRE, FL 32566 US

FEI Number: 59-3336036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUDSON SZEREDY, NADINA RUTH
1791 MUSTANG ST
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

LIVELY, ROBERT
6920 SEA TURTLE CIRCLE
NAVARRE, FL 32566 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: ROBERT LIVELY

02/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SZEREDY, NADINA H
Address: 1791 MUSTANG ST
City-St-Zip: NAVARRE, FL 32566 US

Title: VD () Delete
Name: LIVELY, ROBERT
Address: 6920 SEA TURTLE CR
City-St-Zip: NAVARRE, FL 32566

Title: DST () Delete
Name: SZEREDY, JAMES K JR.
Address: 1791 MUSTANG ST
City-St-Zip: NAVARRE, FL 32566 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LIVELY, ROBERT
Address: 6920 SEA TURTLE CIRCLE
City-St-Zip: NAVARRE, FL 32566 US

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

Title: DST (X) Change () Addition
Name: LIVELY, ROBERT
Address: 6920 SEA TURTLE CIRCLE
City-St-Zip: NAVARRE, FL 32566 US

Title: FPD () Change (X) Addition
Name: SZEREDY, NADINA H
Address: 1791 MUSTANG ST
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the 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: NADINA H. SZEREDY

FPD

02/06/2007

Electronic Signature of Signing Officer or Director

Date