2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N98000003301

Entity Name: THE LANDINGS AT BELL LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MGMT SERVICES
2870 SCHERER DRIVE N. STE. 100
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

STERLING MGMT SERVICES
2870 SCHERER DRIVE N. STE. 100
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3519703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTERILL, RONALD
1010 N. FLORIDA AVE.
TAMPA, FL 33602 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: P ( ) Delete
Name: GRINBERGS, OLIVER
Address: 22305 RED JACKET LN.
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete
Name: TAMBURO, JOE
Address: 22044 RED JACKET LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: VP ( ) Delete
Name: NANCY, COTTO
Address: 22420 RED JACKET LN.
City-St-Zip: LAND O LAKES, FL 34639

Title: S ( ) Delete
Name: DEBORAH, OAKS
Address: 4225 MAST CT.
City-St-Zip: LAND O LAKES, FL 34639

Title: D ( ) Delete
Name: MCDONALD, SHEILA
Address: 22114 YACHT CLUB TER.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COTTO, NANCY
Address: 22420 RED JACKET LN.
City-St-Zip: LAND O LAKES, FL 34639

Title: T (X) Change ( ) Addition
Name: CHARNESKE, LAUREL
Address: 22022 RED JACKET LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: VP (X) Change ( ) Addition
Name: OAKES, DEBORAH
Address: 4225 MAST COURT
City-St-Zip: LAND O LAKES, FL 34639

Title: S (X) Change ( ) Addition
Name: KELLY, JOSEPH
Address: 4103 SNIPE LANE
City-St-Zip: LAND O LAKES, FL 34639

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: NANCY COTTO P 04/21/2009
Electronic Signature of Signing Officer or Director — Date