## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000101875

1. Corporation Name

THE LANDINGS OF SARASOTA, INC.

THE DAY	pindo or oznizootzi, ino.			<u> </u>				
Principal Plac	e of Business	Mailing Address				91 <b>4414</b> 1 (1431 <b>6</b> 42	#1 11841 1811 18	401 4111 1441
2915 SOUTH LOCHVERNESS POINT 2915 SOUTH LOCHVERNESS P NVERNESS FL 34450 INVERNESS FL 34450								
				-	DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed			ĺ
					12/03/1998			
2. Principal P	Place of Business	2a. Mailing Address			(4) FEI Number		Ap	plied For
21		26			59-3549566		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & Sta	le	City & State	. : <del>-</del> -		6. Election Campaign Financing		\$5.00	May Be
23	_	28			Trust Fund Contribution		Added t	o Fees
Zip	Country 25	Zip 30	Country		This corporation owes the cur Personal Property Tax.		ngible Yes	□No
<u></u> 1	9. Name and Address of Current		<del>'</del>	r	10. Name and Address of New	Registered A	gent	
•			81	Name				
PREWETT, DANIEL L				Stroet Add	ress (P.O. Box Number is Not Accept	ahle)		
5777 BENEVA ROAD SOUTH				Stiect Add	ress (F.O. BOX Number is Not Accept	elolo)		
SARASOTA FL 34233								•
			84	C:b.			85 Zip (	ode -
			04	City		FL	65   Zip (	,,,,,,
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State or am familiar with, and accept the obligation of the state of the st	f Florida. Such change was autr ons of, Section 607.0505, Florid	orized by a Statutes	the corporati	on's board of directors. I hereby acce	pt the appoint	tment as re	gistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND	D, DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 ΠTLE	P	pres / Trea/Sec.		Change	☐ Addition
NAME	GRAY, STEVEN L		1.2 NAME		, ,		1	
STREET ADDRESS	AND ADDRESS OF THE PARTY OF THE	INT	1.3 STREE	FADORESS /	- P.			
CITY-ST-ZIP	INVERNESS FL 34450		1.4 CITY-S	T-ZIP	Stere		4	
TITLE	D	☐ DELETE	2.1 TITLE	V	ice President		Change	Addition
NAME	GRAY, DEBRA		2.2 NAME -	. }		ŕ	•	
STREET ADDRESS	2915 SOUTH LOCHVERNESS PO	INT	2.3 STREE	FADDRESS	Stere ice President - Same			
CITY+ST-ZIP	INVERNESS FL 34450		2.4 CITY-5	ST-ZIP	Jane			
TITLE .		DELETE	3.1 TITLE	~			Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	FADDRESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME	4.		4. 2 NAME					
STREET ADDRESS	l ·		4.3 STREE	FADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	<u> </u>		5.2 NAME					
STREET ADDRESS	1		5.3 STREE	FADDRESS				

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 receive or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an attackment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

**SIGNATURE** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TTLE

NAME

☐ DELETE

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90037 031 \*\*\*150.00

☐ Change

☐ Addition