**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 14, 2014**
**Secretary of State**
**CC9087234243**

DOCUMENT# N33941

**Entity Name:** LANDFALL HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4037 LANDFALL DR
PENSACOLA, FL 32507

**Current Mailing Address:**

P O BOX 34416
PENSACOLA, FL 32507 US

**FEI Number: 59-3123741**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PERDIDO SAND REALTY, INC.
5615 BAUER ROAD
PENSACOLA, FL 32507 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

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|---|---|
| Title | P |
| Name | MCCORT, DANIEL |
| Address | 4037 LANDFALL DR. |
| City-State-Zip: | PENSACOLA FL 32507 |

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|---|---|
| Title | TREASURER |
| Name | VANCE, LEE |
| Address | 4020 TEAL WAY |
| City-State-Zip: | PENSACOLA FL 32507 |

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|---|---|
| Title | VP |
| Name | COBY, AL |
| Address | 4049 MOONRAKER DRIVE |
| City-State-Zip: | PENSACOLA FL 32507 |

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|---|---|
| Title | SECRETARY |
| Name | BRICKEY, SARAH |
| Address | 4007 AZURE WAY |
| City-State-Zip: | PENSACOLA FL 32507 |

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|---|---|
| Title | DIRECTOR |
| Name | WOLD, KAREN |
| Address | 4012 AZURE WAY |
| City-State-Zip: | PENSACOLA FL 32507 |

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|---|---|
| Title | DIRECTOR |
| Name | KESSLER, BERNICE |
| Address | 4017 INDIGO DRIVE |
| City-State-Zip: | PENSACOLA FL 32507 |

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|---|---|
| Title | DIRECTOR |
| Name | KERRIGAN, DEBORAH |
| Address | 4006 INDIGO DRIVE |
| City-State-Zip: | PENSACOLA FL 32507 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FULLER, ROBERT |
| Address | 4002 TURQUOISE DRIVE |
| City-State-Zip: | PENSACOLA FL 32507 |

*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: DANIEL MCCORT PRESIDENT 03/14/2014

Electronic Signature of Signing Officer/Director Detail — Date