1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 759298

THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIA TION, INC.

Principal Place of Business 790 ANDREWS AVENUE DELRAY BEACH FL 33483

Mailing Address

790 ANDREWS AVENUE **DELRAY BEACH FL 33483**

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90032 042 ****61.25

s sanner Berein Lente fante niete jiult Biut 1881 5 2 7 4 2 527424 - 90032 - 42



2. Principal F	Principal Place of Business 2a. Mailing Address					3. Date Incorpor					
21	26					07/24/198	1				
	Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	10		- +	lied For	
22	27					59-214188	Ю			Applicable	
City & Sta	City & State City & State					5. Certificate of	5. Certificate of Status Desired		\$8.75 A		
23	28					5. Certificate of Status Desired Fee Required					
Zip	Country	Zip (-	Countr	У		6. Election Campaign Finan			\$5.00 ▶		
24	25 29 30					Trust Fund C		mintared i	Added to	Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name											
					1101110						
FEDERSPIEL, ROBERT					82 Street Address (P.O. Box Number is Not Acceptable)						
501 E. ATLANTIC AVE.										——	
DELRAY BEACH FL 33483											
			84	4	City			FL	85 Zip C	ode	
							shanaina ita r				
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 SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12.						ADDITIONS/C	HANGES TO OFFI	CERS AN		RS IN 12	
TITLE	D DELETE 1.			I.1 TITLE					☐ Change	☐ Addition	
NAME	GORDON, ROBERT			•							
STREET ADDRESS			1.3 STREE	1.3 STREET ADORESS							
CITY-ST-ZIP			1.4 CITY-	1.4 CITY-ST-ZIP					·		
TITLE	P	DELETE 2.11		1 TITLE					Change	☐ Addition	
NAME	HUDGINS, EDWARD		2.2 NAME	2.2 NAME		OTTLIEB, S GOANDREWS	TUART			Ì	
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS 7		90ANDREWS	AVE				
CITY-ST-ZIP	DELRAY BCH FL 2.		2. 4 CITY-	-ST	-ZIP D	ELRAY BCH	FL				
TITLE	D DELETE 3.1					,			Change	☐ Addition	
NAME	COTTER, JUDITH	COTTER, JUDITH 32									
STREET ADDRESS	11155510 1151511 0 100		3.3 STREE	ET A	AODRESS						
CITY-ST-ZIP	DELRAY BEACH FL 3.4.			-ST-							
TITLE	8 □ DELETE 4.1				P	•			Change Change	Addition	
NAME	WALKER, FRED		4. 2 NAMI	E						ļ	
STREET ADDRESS	PRESS 790 ANDREWS AVENUE 4.33			ET/	ADDRESS						
CITY-ST-ZIP	DELRAY BCH. FL 44C			ST-	ZIP						
TITLE	D	DELETÉ 5.1							Change	Addition	
NAME	BUSSAINI, FIERU		5.2 NAME								
STREET ADDRESS	790 ANDREWO AVENUE COOL			ET A	ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 540				ZIP						
TITLE	VPT □ DELETE 6.1				1				Change	☐ Addition	
NAME	CROGAN, JOHN		6.2 NAME	Ε							
STREET ADDRESS	790 ANDREWS AVE			ET/	ADDRESS					1	
	DELDAY REACH EL			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: