

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90020 028 ****61.25

DOCUMENT # 759298

1. Entity Name

THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIA

Principal Place of Business

790 ANDREWS AVENUE
DELRAY BEACH FL 33483

Mailing Address

790 ANDREWS AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2141888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEDERSPIEL, ROBERT
501 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

LAPRY M. MESCHES

Street Address (P.O. Box Number is Not Acceptable)

222 Lakeview Avenue, Suite 260

City

West Palm Beach

FL

Zip Code

33401

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME GORDON, ROBERT
STREET ADDRESS 790 ANDREWS AVE
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ Delete
NAME GOTTLIEB, STUART
STREET ADDRESS 790 ANDREWS AVE
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ Delete
NAME COTTER, JUDITH
STREET ADDRESS 790 ANDREWS AVENUE C103
CITY-ST-ZIP DELRAY BEACH FL

TITLE P ☐ Delete
NAME WALKER, FRED
STREET ADDRESS 790 ANDREWS AVENUE
CITY-ST-ZIP DELRAY BCH. FL

TITLE VPT ☐ Delete
NAME CROGAN, JOHN
STREET ADDRESS 790 ANDREWS AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ Delete
NAME HUDDINS, EDWARD
STREET ADDRESS 790 ANDREWS AVE. #A101
CITY-ST-ZIP DELRAY BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)