2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N14458 S LANDING HOMEOWNER	RS ASSOCIATIOI	N, INC.			03-02-2005 9	90072 029) ****61	.25
Principal Place of Business 972 S.W. 112 TERRACE PEMBROKE PINES, FL 33025 US			Mailing Address 972 SW 112TH TERRACE PEMBROKE PINES, FL 33025		4 1884 1884 1884	20017472			
2. Principal P	Place of Business	3. Mailing Address			<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, et	C.		02182005	Chg-NP	CR2E037	7 (10/03)	
City & State		City & State			4. FEI Number			<u> </u>	plied For
City & State					59-2813			No	t Applicable
Zip	Country	Žíp	Cou	untry	5. Certificate of	f Status Desired		8.75 Add ee Require	
	6. Name and Address of Curren	t Registered Agent		Nome	7. Name and A	Address of New F	Registered A	gent	
UDELL, MICHAEL B				UDEC	L, HICHAE	LB			
5409-9-UNIVERSITY DR. #117 DAVIE, FL 38328				Street Addre	ess (P.O. Box Number 2 らん)	is Not Acceptable	e)		
DAVIE, FE	00020				<u> </u>				
		^		City Per	nbroke	Pines	FL	Zip Cod	
	named entity submits this statement tions of registered agent.	or the purpose of strang	ing its register	red office or reg	gistered agent, or both	, in the State of Fig	orida. I am fa		
trie obligat	ions of registered agent.	$\setminus \bigcirc \setminus \bot$)				,	, ,	
SIGNATURE .	3 werken	- A Patter				2	128/	2000	Ś
0,0,0,0,10,12	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	ed Agent signature re	equired when reinstating)		DATE		
	Filing Fee is \$61.25	9. Electic	on Campaign F	Financing			DATE lake check	payable to	0
	Filing Fee is \$61.25 Due by May 1, 2005	9. Electio Trust l	on Campaign F Fund Contribut	Financing tion.	\$5.00 May Be Added to Fees	, N Flor	DATE lake check rida Departr	payable to nent of St	o tate
10.	Filing Fee is \$61.25	9. Election Trust I	on Campaign Fund Contribut	Financing tion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFICE	DATE Iake check Ida Departr	payable to nent of SI	o tate
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12. I hereby certify that the information supplied with this filling 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:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

954 435.4160