

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90200 042 \*\*\*\*61.25

0038648

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N15610**

1. Corporation Name

**THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

C/O TREASURER  
 6000 NW 94TH AVE  
 TAMARAC FL 33321

Mailing Address

C/O TREASURER  
 6000 NW 94TH AVE  
 TAMARAC FL 33321



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/27/1986

23 City & State

27 City & State

4. FEI Number

Applied For  
 Not Applicable

59-2773626

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TELLER, ROSALIE**  
**9055 NW 61ST STREET**  
**TAMARAC FL 33321**

81 Name

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

83

84 City

FL

85 Zip Code

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. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME TD KOLLET, NORMAN  
 STREET ADDRESS 4259 NW 61 ST  
 CITY-ST-ZIP TAMARAC FL 33321

1.1 TITLE TD SIVALLS, CHRISTIANE  Change  Addition  
 1.2 NAME 9215 N.W. 61<sup>st</sup> STREET  
 1.3 STREET ADDRESS TAMARAC, FL 33321  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD DRABIN, LEO  
 STREET ADDRESS 6023 NW 91ST AVE  
 CITY-ST-ZIP TAMARAC FL

2.1 TITLE VD CRAWFORD LAVENA  Change  Addition  
 2.2 NAME 6041 N.W. 91<sup>st</sup> WAY  
 2.3 STREET ADDRESS TAMARAC, FL 33321  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME SD CRAWFORD, LAVENA  
 STREET ADDRESS 6041 NW 91 WAY  
 CITY-ST-ZIP TAMARAC FL

3.1 TITLE PD TELLER ROSALIE  Change  Addition  
 3.2 NAME 9055 NW 61<sup>st</sup> STREET  
 3.3 STREET ADDRESS TAMARAC, FL 33321  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME PD TELLER, ROSALIE  
 STREET ADDRESS 9055 NW 61ST ST.  
 CITY-ST-ZIP TAMARAC FL

4.1 TITLE SD EFFRON HEROLD  Change  Addition  
 4.2 NAME 9011 N.W. 61<sup>st</sup> STREET  
 4.3 STREET ADDRESS TAMARAC, FL 33321  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-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: *CHRISTIANE SIVALLS* **CHRISTIANE SIVALLS** 3/15/99 (954) 722-0183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)