

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000001477 (7)

1. Corporation Name
THE LANDINGS MAINTENANCE ASSOCIATION, INC.



Principal Place of Business
1200 WESTON ROAD FORT LAUDERDALE FL 33326

Mailing Address
1200 WESTON ROAD FORT LAUDERDALE FL 33326

3. Date Incorporated or Qualified
03/28/1995

3a. Date of Last Report

2. Principal Place of Business
 21 **1205 Arvida Pkwy**

2a. Mailing Address
 26 **1205 Arvida Pkwy**

4. FEI Number
65-0462246

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **Ft. Lauderdale FL**

28 **Ft. Lauderdale FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
 24 **33327**

Country
 25 **Broward**

29 **33327**

30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**EDGAR, CHARLES W III
 3300 PGA BLVD.
 SUITE 500
 PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent
 81 Name **DAVID B. Meseroll, Jr.**
 82 Street Address (P.O. Box Number is Not Acceptable)
1205 ARVIDA PKWY
 83
 84 City **Ft. Lauderdale** FL 85 Zip Code **33327**

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 **David B. Meseroll, Jr.** DATE **6/10/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESEROLL, DAVID B JR.	
STREET ADDRESS	1200 WESTON ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIEGAL, THOMAS	
STREET ADDRESS	1200 WESTON ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HILL, EDWARD M	
STREET ADDRESS	1200 WESTON ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1205 ARVIDA PKWY
1.4 CITY-ST-ZIP	Ft. Lauderdale 33327
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **David B. Meseroll, Jr.** DATE **6/10/96** (954) 349-8125
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)