


FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001477 (7)

1. Corporation Name

THE LANDINGS MAINTENANCE ASSOCIATION, INC.



Principal Place of Business 1205 ARVIDA PKWY FORT LAUDERDALE FL 33327 US	Mailing Address 1205 ARVIDA PKWY FT. LAUDERDALE FL 33327 US
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3. Date Incorporated or Qualified 03/28/1995
4. FEI Number 65-0462246
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MESEROLL, DAVID B 1205 ARVIDA PKWY WESTON FL 33327
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10. Name and Address of New Registered Agent 81 Name Rosen & Kraling 82 Street Address (P.O. Box Number is Not Acceptable) 1625 N. Commerce Pkwy 83 #225 84 City Ft. Lauderdale, FL 85 Zip Code 33326

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 *Edward Kraling* 2/12/98 DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	MESEROLL, DAVID B JR.
STREET ADDRESS	1205 ARVIDA PKWY
CITY-ST-ZIP	WESTON FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SIEGAL, THOMAS
STREET ADDRESS	1200 WESTON ROAD
CITY-ST-ZIP	WESTON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SNAVELY, LESLIE
STREET ADDRESS	1205 ARVIDA PKWY
CITY-ST-ZIP	WESTON FL
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	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kathy Mitabach
1.3 STREET ADDRESS	140 Dockside Circle
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stacey Elkin
2.3 STREET ADDRESS	408 Mallard Rd
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL
3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lisa Drapuk
3.3 STREET ADDRESS	258 Egrat Way
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL
4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bruce Kramer
4.3 STREET ADDRESS	262 Egrat Way
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lisa Drapuk Cathy Schachter
5.3 STREET ADDRESS	280 Landings Blvd.
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL
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 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.

SIGNATURE: *Kathy Mitabach* 2/12/98

CR2E037 (10/97)