

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90375 013 ****61.25

DOCUMENT # N95000001477

1. Entity Name

THE LANDINGS MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

**1067 SHOTGUN RD
 SUNRISE FL 33326
 US**

Mailing Address

**1067 SHOTGUN RD
 SUNRISE FL 33326
 US**

2. Principal Place of Business

40 THE CONTINENTAL GROUP

3. Mailing Address

40 THE CONTINENTAL GROUP

Suite, Apt. #, etc.

2950 N. 28 TERR.

Suite, Apt. #, etc.

2950 N. 28 TERR.

City & State

HOLLYWOOD, FLA.

City & State

HOLLYWOOD, FLA.

Zip

33020

Country

U.S.

Zip

33020

Country

U.S.

4. FEI Number

65-0462246

Applied For

☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KREILING, & ROSEN
 1625 N COMMERCE PKWY
 SUITE 225
 WESTON FL 33326**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 **PD** ☐ Delete
 NAME **BAKALAR, MIKE**
 STREET ADDRESS **405 MALLARD LANE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **VD** ☐ Delete
 NAME **ELKIN, STEVE**
 STREET ADDRESS **408 MALLARD RD**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **SD** ☒ Delete
 NAME **SCHECHTER, CATHY**
 STREET ADDRESS **280 LANDING BLVD**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **TD** ☐ Delete
 NAME **KRAMER, BRUCE**
 STREET ADDRESS **262 EGERT WAY**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☒ Delete
 NAME **SCHECHTER, CATHY**
 STREET ADDRESS **280 LANDING BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Delete
 NAME **MICHAELSON, BRUCE**
 STREET ADDRESS **351 MALLARD RD**
 CITY-ST-ZIP **WESTON FL 33327**

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
 NAME **SD BRODY, SUSAN**
 STREET ADDRESS **320 MALLARD RD.**
 CITY-ST-ZIP **WESTON, FLA. 33327**

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

TITLE ☐ Change ☒ Addition
 NAME **D LINDSEY, TERRY**
 STREET ADDRESS **148 DOCKSIDE CIRCLE**
 CITY-ST-ZIP **WESTON, FLA. 33327**

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)(l), 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:

Michael J. BAKALAR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02 (954) 925-8200
 Daytime Phone #

CR2E037 (9/01)