

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90332 025 ****61.25

DOCUMENT # N95000001477



1. THE LANDINGS MAINTENANCE ASSOCIATION, INC.

C/O THE CONTINENTAL GROUP
2950 N. 28 TERR.
HOLLYWOOD, FL 33020 US

C/O THE CONTINENTAL GROUP
2950 N. 28 TERR.
HOLLYWOOD, FL 33020 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0462246

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan A. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9.



\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10.

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 BRODY, SUSAN
STREET ADDRESS 320 MALLARD RD
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 LINDSEY, TERRY
STREET ADDRESS 148 DOCKSIDE CIRCLE
CITY-ST-ZIP WESTON, FL 33327

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

11.

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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)(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #