

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90077 009 ****61.25

DOCUMENT # N95000001477

1. Entity Name
THE LANDINGS MAINTENANCE ASSOCIATION, INC.



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

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



2. Principal Place of Business

3. Mailing Address

40 Gables Property Management
Suite, Apt. #, etc.

40 Gables Property Management
Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

3300 Corporate Ave, #110
City & State

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City & State

4. FEI Number
65-0462246

Applied For
Not Applicable

Weston FL
Zip Country
33331 Broward

Weston FL
Zip Country
33331 Broward

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

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
Becker & Poliakoff
Street Address (P.O. Box Number is Not Acceptable)
3111 Stirling Road
City
Ft. Lauderdale FL Zip Code
33312

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

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKALAR, MIKE	
STREET ADDRESS	405 MALLARD LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELKIN, STEVE	
STREET ADDRESS	408 MALLARD RD	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRODY, SUSAN	
STREET ADDRESS	320 MALLARD RD	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, BRUCE	
STREET ADDRESS	262 EGERT WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LINDSEY, TERRY	
STREET ADDRESS	148 DOCKSIDE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	D	<input checked="" type="checkbox"/> 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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUCHTER, CATHY	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWES, RICK	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHEIR-ELDIN, SHERRY	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURM, MERRY	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RING, DAVID	
STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 954-389-4131