


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90116 011 ****61.25

DOCUMENT # N95000001477					
1. Entity Name THE LANDINGS MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business C/O GABLES PROPERTY MANAGEMENT 1495 NORTHPARK DRIVE WESTON, FL 33326 US			Mailing Address GABLES PROPERTY MANAGEMENT INC. 1495 NORTHPARK DRIVE WESTON, FL 33326 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0462246	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF 3111 STERLING RD FORT LAUDERDALE, FL 33312			Name <i>Randall Roger</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>621 NW 53 St Suite 300</i>		
			City <i>Boca Raton</i> FL Zip Code <i>33487</i>		
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 <i>Randall Roger, President</i>				DATE <i>4/21/08</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHECHTER, CATHY		NAME		
STREET ADDRESS	1495 NORTHPARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE <i>D</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOWES, RICK		NAME	<i>DAVID SCHOOP</i>	
STREET ADDRESS	1495 NORTHPARK DRIVE		STREET ADDRESS	<i>1495 N. Park Dr.</i>	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	<i>Weston FL 33326</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STURM, MERRY		NAME		
STREET ADDRESS	1495 NORTHPARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RING, DAVID		NAME		
STREET ADDRESS	1495 NORTHPARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cathy Schechter</i>			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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