2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N95000001477

Entity Name: THE LANDINGS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O GABLES PROPERTY MANAGEMENT
1495 NORTHPARK DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

C/O CENTURY MANAGEMENT
1495 NORTHPARK DRIVE
WESTON, FL 33326 US

Current Mailing Address:

GABLES PROPERTY MANAGEMENT INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326 US

New Mailing Address:

CENTURY MANAGEMENT SVCS, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326 US

FEI Number: 65-0462246 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGER, RANDALL
621 NW 53 ST
SUITE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

KAHAN AND SHIR, PA
1800 NW CORPORATE BLVD
SUITE 2000
BOCA RATON, FL 33431 US

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: GS 03/23/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHECHTER, CATHY
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: SCHOPP, DAVID
Address: 1495 N PARK DR
City-St-Zip: WESTON, FL 33326

Title: S ( ) Delete
Name: STURM, MERRY
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: RING, DAVID
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: RUDNER, RALPH
Address: 1495 NORTPARK DRIVE
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE CORT LCAM 03/23/2009
Electronic Signature of Signing Officer or Director — Date