

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 719013

1. Entity Name
**THE KIRK A. AND DOROTHY P. LANDON FOUNDATION,
INC.**



Principal Place of Business

**255 ALHAMBRA CIRCLE
STSE 820
MIAMI, FL 33134 US**

Mailing Address

**255 ALHAMBRA CIRCLE
STSE 820
MIAMI, FL 33134 US**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7148133

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAPPORT, KERRY
BESSEMER TRUST
801 BRICKELL AVE.
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000591987
01/19/07-80044-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALEY, KATHLEEN A 9733 STONECREST BLVD SAN DIEGO, CA 92123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAAS, STEVEN 11711 N ISLAND ROAD COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIFERT, DOUGLAS D 300 BEACH ROAD JUPITER, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, ROSA 255 ALHAMBRA CIRCLE, #820 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDON, R. KIRK 255 ALHAMBRA CIRCLE # 820 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/07 305/442-7118