

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15610

**FILED**  
**Jan 17, 2023**  
**Secretary of State**  
**2382414605CC**

**Entity Name:** THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
TAMARAC, FL 33321

**Current Mailing Address:**

RELIABLE SUN MANAGEMENT LLC  
1099 NW 111TH WAY  
CORAL SPRINGS , FL 33071 US

**FEI Number: 59-2773626**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHENDELL & ASSOCIATES, P.A.  
SHENDELL & ASSOCIATES, P.A  
635 SE 10TH ST 3635A  
DEERFIELD BEACH, FL 33441 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MARINELLI, JAMES  
Address       RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
City-State-Zip: TAMARAC FL 33321

Title           PRESIDENT  
Name           SWEENEY , WENDY  
Address       RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
City-State-Zip: TAMARAC FL 33321

Title           SECRETARY  
Name           MONTAG, MARIE  
Address       RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           RUSSO, FRANK  
Address       RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR  
Name           TROISE, MINDY  
Address       RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR  
Name           DECARO, EDIE  
Address       RELIABLE SUN MANAGEMENT LLC  
6000 NW 94TH AVE  
City-State-Zip: TAMARAC FL 33321

*I hereby 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 all other like empowered.*

**SIGNATURE: WENDY SWEENEY**

**PRESIDENT**

**01/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date