Entity Name: THE LANDINGS MAINTENANCE ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643 PALMETTO BAY, FL 33157

DOCUMENT# N95000001477

Current Mailing Address:

C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643 PALMETTO BAY, FL 33157 US

FEI Number: 65-0462246

Name and Address of Current Registered Agent:

MATTHEW ZIFRONY, ESQ. 110 SE 6TH ST **SUITE 1500** FORT LAUDERDALE, FL 33301 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:	MATTHEW ZIFRONY		04/24/201
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	PRESIDENT	Title	S
Name	JACOBOWITZ, RON	Name	BOLES, DEBRA
Address	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643	Address	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157
Title	т	Title	VP
Name	SOLTERO , RAFAEL	Name	RASSLER , SCOTT
Address	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643	Address	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	
Title	DIRECTOR	Title	DIRECTOR
Name	CHAN-A-SUE, BRIAN	Name	BAKALAR , MICHAEL
	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643	Address	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643
City-State-Zip:	PALMETTO BAY FL 33157	City-State-Zip:	PALMETTO BAY FL 33157
Title	DIRECTOR		
Name	OVADIA, JAIME		
	C/O T&G MANAGEMENT SERVICES, INC. 18001 OLD CUTLER ROAD SUITE 643		
City-State-Zip:	PALMETTO BAY FL 33157		

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: JACOBOWITZ, RON

04/24/2014

FILED Apr 24, 2014 Secretary of State CC7703328418

Certificate of Status Desired: No