

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001477

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC7471181030**

**Entity Name:** THE LANDINGS MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE 111  
WESTON, FL 33331

**Current Mailing Address:**

C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE 111  
WESTON, FL 33331 US

**FEI Number:** 65-0462246

**Certificate of Status Desired:** No

**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

04/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JACOBOWITZ, RON  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

Title PRESIDENT, DIRECTOR  
Name BOLES, DEBRA  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

Title DIRECTOR, VP  
Name RASSLER , CHARLES SCOTT  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name BAKALAR , MICHAEL  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

Title DIRECTOR, SECRETARY  
Name GAMACHE, BRUCE  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

Title DIRECTOR, TREASURER  
Name MEDINA, DARIO ANDRES  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

Title DIRECTOR  
Name OVADIA, JAIME  
Address C/O PRO COMMUNITY MANAGEMENT  
2645 EXECUTIVE PARK DRIVE SUITE  
111  
City-State-Zip: WESTON FL 33331

*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:** DEBRA BOLES

PRESIDENT

04/30/2018

