

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N95000001477

Entity Name: THE LANDINGS MAINTENANCE ASSOCIATION, INC.

FILED
Dec 08, 2015
Secretary of State
CC7054540698

Current Principal Place of Business:

C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE 669
WESTON, FL 33331

Current Mailing Address:

C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE 669
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

12/08/2015

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
669
City-State-Zip: WESTON FL 33331

Title SECRETARY
Name BOLES, DEBRA
Address C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE
669
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name SOLTERO , RAFAEL
Address C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE
669
City-State-Zip: WESTON FL 33331

Title VP
Name RASSLER , CHARLES SCOTT
Address C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE
669
City-State-Zip: WESTON FL 33331

Title DIRECTOR
Name BAKALAR , MICHAEL
Address C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE
669
City-State-Zip: WESTON FL 33331

Title PRESIDENT
Name GAMACHE, BRUCE
Address C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE
669
City-State-Zip: WESTON FL 33331

Title TREASURER
Name MEDINA, DARIO ANDRES
Address C/O PRO COMMUNITY MANAGEMENT
2645 EXECUTIVE PARK DRIVE SUITE
669
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: BRUCE GAMACHE

PRESIDENT

12/08/2015

