2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001477

Entity Name: THE LANDINGS MAINTENANCE ASSOCIATION, INC.

FILED
Jul 27, 2021
Secretary of State
1486975997CC

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 07/27/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title DIRECTOR, VP

Name BOLES, DEBRA Name RASSLER , CHARLES SCOTT

Address C/O PRO COMMUNITY MANAGEMENT Address C/O PRO COMMUNITY MANAGEMENT

2645 EXECUTIVE PARK DRIVE SUITE 2645 EXECUTIVE PARK DRIVE SUITE

City-State-Zip: WESTON FL 33331 City-State-Zip: WESTON FL 33331

Title DIRECTOR, TREASURER Title DIRECTOR, SECRETARY

Name MEDINA, DARIO ANDRES Name O'KEEFE, ANN MERIDITH

Address C/O PRO COMMUNITY MANAGEMENT Address C/O PRO COMMUNITY MANAGEMENT

2645 EXECUTIVE PARK DRIVE SUITE 2645 EXECUTIVE PARK DRIVE SUITE

City-State-Zip: WESTON FL 33331 City-State-Zip: WESTON FL 33331

Title DIRECTOR Title DIRECTOR

Name LOWES, RICHARD Name GREENBERG, STEVEN

Address C/O PRO COMMUNITY MANAGEMENT Address C/O PRO COMMUNITY MANAGEMENT

2645 EXECUTIVE PARK DRIVE SUITE 2645 EXECUTIVE PARK DRIVE SUITE

City-State-Zip: WESTON FL 33331 City-State-Zip: WESTON FL 33331

SIGNATURE: DEBRA BOLES PRESIDENT 07/27/2021

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.