Entity Name: THE LANDINGS MAINTENANCE ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137 WESTON, FL 33331

DOCUMENT# N95000001477

Current Mailing Address:

C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137 WESTON, FL 33331 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		03/27/201
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	VP, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	JACOBOWITZ, RON	Name	BOLES, DEBRA
Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137	Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331
Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	RASSLER , CHARLES SCOTT	Name	BAKALAR , MICHAEL
Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137	Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331
Title	TREASURER, DIRECTOR	Title	DIRECTOR
Name	GAMACHE, BRUCE	Name	MEDINA, DARIO ANDRES
Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137	Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331
Title	DIRECTOR		
Name	NEWMAN, ANDY		
Address	C/O PRO COMMUNITY MANAGEMENT 2645 EXECUTIVE PARK DRIVE SUITE 137		
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

FILED Mar 27, 2017 Secretary of State CC1217644681

Certificate of Status Desired: No