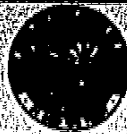


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Randa B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 29 AM 7:13

DOCUMENT # 747846 (4)

1. Corporation Name

THE LANDINGS RESIDENTIAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O HANGCOCK KELLY~~
~~2804 NE 55TH PLACE~~
~~FT. LAUDERDALE FL 33308~~

MICHAEL BERNSTEIN
5237 NE 31 AVE
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/22/1979

04/14/1994

4. FEI Number

Applied For

59-1909966

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33308

30

FLA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HANGCOCK KELLY~~
~~2804 NE 55TH PLACE~~
~~FT. LAUDERDALE FL 33308~~

MICHAEL BERNSTEIN
5237 NE 31 AVE
FT LAUDERDALE FL
33308

81 Name

MICHAEL BERNSTEIN

82 Street Address (P.O. Box Number is Not Acceptable)

5237 NE 31 AVE

83

84 City

FT LAUDERDALE FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 607.02(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ☒

Signature, typed or printed name of registered agent, and date of registration

(NOTE: Registered Agent signature required when reappointing)

3/23/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	WELSCH, JOSEPH P
STREET ADDRESS	5281 NE 28TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	VP
NAME	CARLSON, GRAF
STREET ADDRESS	5581 N.E. 28TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	T
NAME	LAWRENCE, MARJORIE
STREET ADDRESS	2881 NE 55TH PLACE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	BARLOW, CORNELIA
STREET ADDRESS	5561 BAYVIEW DR.
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	D
NAME	ROGERS, SUZANNE
STREET ADDRESS	5231 NE 33RD AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33308
TITLE	D
NAME	GERTZ, ELLIE
STREET ADDRESS	5231 NE 32ND AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	JAMES GARVER	
1.3 STREET ADDRESS	5540 BAYVIEW DR	
1.4 CITY - ST - ZIP	FT LAUDERDALE FL 33308	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	MICHAEL BERNSTEIN	
2.3 STREET ADDRESS	5237 NE 31ST AVE	
2.4 CITY - ST - ZIP	FT LAUDERDALE FL 33308	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	JOSEPH P WELSCH	
3.3 STREET ADDRESS	5281 NE 28 AVE	
3.4 CITY - ST - ZIP	FT LAUDERDALE FL 33308	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME	CLAIRE MURRAY	
4.3 STREET ADDRESS	5561 NE 29TH AVE	
4.4 CITY - ST - ZIP	FT LAUDERDALE	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOSEPH P. WELSCH** *Joseph P. Welsch* **3/19/95** **305 771 9518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)