


FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747846** (4)

1. Corporation Name

**THE LANDINGS RESIDENTIAL ASSOCIATION, INC.**



Principal Place of Business <b>5200 BAYVIEW DRIVE FT. LAUDERDALE FL 33308 US</b>	Mailing Address <b>5200 BAYVIEW DRIVE FT. LAUDERDALE FL 33308 US</b>
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3. Date Incorporated or Qualified <b>06/22/1979</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-1909966</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VIVEIROS, PATRICK 5200 BAYVIEW DR. FT. LAUDERDALE FL 33308</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>SAME</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Patrick Viveiros* **PATRICK VIVEIROS** **2/12/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P VIVEIROS, PATRICK</b>
STREET ADDRESS	<b>5200 BAYVIEW DR</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VPD SWEENEY, DINNI</b>
STREET ADDRESS	<b>3010 NE 57 STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD RIVERA, CARLOS</b>
STREET ADDRESS	<b>5570 NE 31 AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S MURRAY, CLAIRE</b>
STREET ADDRESS	<b>5568 NE 29 AVE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BRADFORD, DEBRA</b>
STREET ADDRESS	<b>5201 BAYVIEW DR.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D JOHANSON, SUSAN</b>
STREET ADDRESS	<b>5335 NE 31 AVENUE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VPD LEONARD ZUZCHIK</b>
2.3 STREET ADDRESS	<b>5301 NE 33 AV.</b>
2.4 CITY-ST-ZIP	<b>FT. LAUD. FL 33308</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>IRENE ORATKOWSKY</b>
6.3 STREET ADDRESS	<b>3120 NE 58 ST.</b>
6.4 CITY-ST-ZIP	<b>FORT LAUD. FL. 33308</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patrick Viveiros* **PATRICK VIVEIROS** **771-2600**

CR2E037 (10/97)