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**Mar 14, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747846**

1. Corporation Name

**THE LANDINGS RESIDENTIAL ASSOCIATION, INC.**

Principal Place of Business

5200 BAYVIEW DRIVE  
FT. LAUDERDALE FL 33308  
US

Mailing Address

~~5200 BAYVIEW DRIVE~~  
FT. LAUDERDALE FL 33308  
US



2. Principal Place of Business

21 **3111 NE 57th COURT**

2a. Mailing Address

26 **3111 NE 57th COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **FORT LAUDERDALE FL**

City & State

28 **FORT LAUDERDALE FL**

Zip

24 **33308**

Country

25 **USA**

Zip

29 **33308-2815**

Country

30 **USA**

3. Date Incorporated or Qualified

**06/22/1979**

4. FEI Number

**59-1909966**

Applied For

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

9. Name and Address of Current Registered Agent

VIVEIROS, PATRICK  
5200 BAYVIEW DR.  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

**Renneisen PAUL**

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

83

**3111 NE 57th COURT**

84 City

**FORT LAUDERDALE FL**

85 Zip Code

**33308**

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

*Paul Renneisen*  
Signature, typed or printed name of registered agent and title if applicable.

*President Paul Renneisen*

(NOTE: Registered Agent signature required when reinstating)

**3/10/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **VIVEIROS, PATRICK**  
STREET ADDRESS **5200 BAYVIEW DR**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **VPD** ☒ DELETE  
NAME **ZUZCHIK, LEONARD**  
STREET ADDRESS **5301 NE 33RD AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **TD** ☐ DELETE  
NAME **RIVERA, CARLOS**  
STREET ADDRESS **5570 NE 31 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **S** ☐ DELETE  
NAME **MURRAY, CLAIRE**  
STREET ADDRESS **5568 NE 29 AVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ DELETE  
NAME **BRADFORD, DEBRA**  
STREET ADDRESS **5201 BAYVIEW DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

TITLE **D** ☒ DELETE  
NAME **BRATKOWSKY, IRENE**  
STREET ADDRESS **3120 NE 58TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **RENNEISEN, PAUL**  
1.3 STREET ADDRESS **3111 NE 57th COURT**  
1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308-2815**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **MARRA, JAMES**  
2.3 STREET ADDRESS **2900 NE 55th STREET**  
2.4 CITY-ST-ZIP **FT. LAUD FL 33308**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **5590 NE 33RD AVENUE**  
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **BRATZ, GERARDINE**  
5.3 STREET ADDRESS **3131 NE 55th COURT**  
5.4 CITY-ST-ZIP **FT. LAUD. FL 33308**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **JANARO, JERRY**  
6.3 STREET ADDRESS **3221 NE 58th Street**  
6.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

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, with all other like empowered.

SIGNATURE:

*Paul Renneisen* **3/10/99** **954 938 9333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)