## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 21, 2005 8:00 am Secretary of State

DOCUMENT # 747846  1. Entity Name THE LANDINGS RESIDENTIAL ASSOCIATION, INC.					01-21-200	5 90089 016 ****6	51.25
Principal Place of Business 3120 NE 57TH CT 50 SIN E 38 A US  Mailing Address 3120 NE 57TH CT 50 SIN E FT. LAUDERDALE, FL 33308 US  FT. LAUDERDALE, FL 33308 US				Aug		5000	)5447
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2. Principal Place of Business 3. Mailing Address			4 ~ ~				
Suite, Apt.	81 N € 28 A V F #. etc.	52.8/ N = Suite, Apt. #, etc.	28110	01132005	<b>.</b>		
					Chg-NP	CR2E037 (10/03)	
City & Stat	AUDERDALE FL	City & State	ROPLE /	<b>ゲム</b> 4. FEI Numbe 59-1905		<del>- +</del>	oplied For ot Applicable
Zip	Country	Zip	Country	ĺ	of Status Desired	☐ \$8.75 Add	ditional
333		3 3 308				Fee Require	ю <b>d</b>
	6. Name and Address of Current R	edistered whelit	Name	7. Name and		Registered Agent	
WELSCH, JOSEPH 3 <del>120 NE 57TH CT</del>			Street Address (P.O. Box Number is Not Acceptable)				
			Silection		si is Not Accepta		·-··
	,		4	1281 NE	28 AV	Æ	•
	•		City 🗲	- for Near	<del></del>	FL Zip Cod	e
	<ul> <li>named entity submits this statement for titions of registered agent.</li> </ul>	the purpose of changing its re	egistered office or	registered agent, or bot	h, in the State of	Florida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signate	re required when reinstating)		DATE	
SIGNATURE	Signature, typed or printed name of registered agent and Filling Fee is \$61.25  Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B	e FI	DATE Make check payable to orida Department of S	
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May B Added to Fees	FI	Make check payable t	tate
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May B Added to Fees	FI	Make check payable to orida Department of S	tate
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P WELT TRES JANShah 1/14/03 954-771-9618

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date of the printed HAME OF SIGNING OFFICER OR DIRECTOR