


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90011 008 ****61.25

DOCUMENT # 747846 1. Entity Name THE LANDINGS RESIDENTIAL ASSOCIATION, INC.					
Principal Place of Business 5281 NE 28 AVENUE FT. LAUDERDALE, FL 33308 US			Mailing Address 5281 NE 28 AVENUE FT. LAUDERDALE, FL 33308 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1909966	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WELSCH, JOSEPH 5281 NE 28 AVENUE FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, DAVID 3121 NE 56 COURT FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELSCH, JOSEPH 5281 NE 28 AVENUE FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOND, TERRY 3111 NE 57 STREET FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELSCH, JUDI 5281 N.E. 28TH AVE FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRI MURRU 5550 NE 29 AVE FT LAUDERDAL FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, DAVID 5280 NE 28 AVNE FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONI MCCORMICK 5551 NE 33 AVE FT LAUDERDAL FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Z ZOROVICH, GENE 3120 NE 57TH COURT FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 WELSCH <i>Joseph P Welsch</i> 2/28/06 954-771-9518 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					