

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

*PJ* **FILED**  
**Jan 08, 2007 08:00 AM**  
*cb#* **Secretary of State**

**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**



01052007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1909966**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WELSCH, JOSEPH  
5281 NE 28 AVENUE  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CRANE, DAVID  
3121 NE 58 COURT  
FORT LAUDERDALE, FL 33308**

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  
**S  
BOND, TERRY  
3111 NE 57 STREET  
FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MURRY, TERRI  
5550 NE 29 AVE  
FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCCORMICK, TONI  
5551 NE 33 AVE  
FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ZOROVICH, GENE  
3120 NE 57TH COURT  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph P. Welch*  
**1/5/07 954.771.9518**  
Date Daytime Phone