2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747846

1. Entity Name

THE LANDINGS RESIDENTIAL ASSOCIATION, INC.



Mailing Address Principal Place of Business 5281 N.E. 28TH AVE 5281 N.E. 28TH AVE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address * CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-1909966 City & State City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELSCH, JOSEPH ldress (P.O. Box Number is Not Acceptable) 5281 N.E. 28TH AVENUE FT. LAUDERDALE FL 33308 Zip Code City FI 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating registered agent and Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Addition TITLE VD ☐ Delete TITLE NAME CRANE, DAVID NAME STREET ADDRESS STREET ADDRESS 3121 NE 56 COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☐ Delete TITLE TITLE NAME RENNEISEN, PAUL NAME STREET ADDRES 3111 NE 57TH CT STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-7IE Delete TITLE GERTZ, ELLLIE NAME NAME STREET ADDRESS 5231 NE 32 AVENUE** STREET ADDRESS CITY-ST-ZIP 3330 Audera FORT LAUDERDALE FL 33308 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME MURRAY, CLAIRE NAME STREET ADDRESS 5568 NE 29 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP ·

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

WALSH, DAVID

5280 NE 28 AVNE

MONTERRY, RAFAEL

2871 NE 55TH PLACE

FT.LAUDERDALE FL 33308

FORT LAUDERDALE FL 33308

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

X Delete

954-7719518

FILED

Feb 07, 2003 8:00 am

Secretary of State

02-07-2003 90105 001 ****61.25

10/02)

Addition