

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. North
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2: 39

DOCUMENT # 759298 (3)
1. Corporation Name
THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
790 ANDREWS AVENUE DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1981** 3a. Date of Last Report **04/12/1994**

4. FEI Number **59-2141888** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**FEDERSPIEL, ROBERT
501 E. ATLANTIC AVE.
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CHARYK, JOSEPH
STREET ADDRESS	790 ANDREWS AVE
CITY - ST - ZIP	DELRAY BCH FL
TITLE	D
NAME	HUDGINS, EDWARD
STREET ADDRESS	790 ANDREWS AVE
CITY - ST - ZIP	DELRAY BCH FL
TITLE	D
NAME	GORDON, ROBERT
STREET ADDRESS	790 ANDREWS AVE.
CITY - ST - ZIP	DELRAY BCH FL
TITLE	D
NAME	HAG, JOHN
STREET ADDRESS	790 ANDREWS AVENUE
CITY - ST - ZIP	DELRAY BCH, FL
TITLE	DT
NAME	CROGAN, JOHN
STREET ADDRESS	790 ANDREWS AVE
CITY - ST - ZIP	DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richards, William
1.3 STREET ADDRESS	790 Andrews Ave A305
1.4 CITY - ST - ZIP	Delray beach, FL 33483
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cotter, Fred
2.3 STREET ADDRESS	790 Andrews Ave C103
2.4 CITY - ST - ZIP	Delray Beach, FL 33483
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not certify that the information indicated on this annual report or supplemental annual report is true and correct; that I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 017, Florida Statutes; and that my name qualifies for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* DATE: **3/13/95** TELEPHONE: **407-276-5858**