

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 759298 (3)

1. Corporation Name

THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified 07/24/1981	3a. Date of Last Report 04/05/1995
4. FEI Number 59-2141888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FEDERSPIEL, ROBERT 501 E. ATLANTIC AVE. DELRAY BEACH FL 33483		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARYK, JOSEPH	1.2 NAME	
STREET ADDRESS	790 ANDREWS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDGINS, EDWARD	2.2 NAME	
STREET ADDRESS	790 ANDREWS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ROBERT	3.2 NAME	Cotter, Judith
STREET ADDRESS	790 ANDREWS AVE.	3.3 STREET ADDRESS	790 Andrews Ave. C103
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIG, JOHN	4.2 NAME	Hanrahan, James
STREET ADDRESS	790 ANDREWS AVENUE	4.3 STREET ADDRESS	790 Andrews Ave. G102
CITY-ST-ZIP	DELRAY BCH. FL	4.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, WILLIAM	5.2 NAME	
STREET ADDRESS	790 ANDREWS AVE A305	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	VP/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROGAN, JOHN	6.2 NAME	
STREET ADDRESS	790 ANDREWS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John C. Crogan* Feb 28 1996 407-276-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)