

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759298

1. Entity Name

THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIA

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90027 003 ****61.25

Principal Place of Business

Mailing Address

790 ANDREWS AVENUE
 DELRAY BEACH FL 33483

790 ANDREWS AVENUE
 DELRAY BEACH FL 33483-7243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2141888

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FEDERSPIEL, ROBERT~~
~~501 E ATLANTIC AVE.~~
~~DELRAY BEACH FL 33483~~

LARRY M. MESCHES
 222 LAKEVIEW AVE
 WEST PALM BEACH, FL
 33401

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **GORDON, ROBERT**
 STREET ADDRESS **790 ANDREWS AVE**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE **S** Change Addition
 NAME **DEWART, WILLIAM**
 STREET ADDRESS **790 Andrews Ave #4102**
 CITY-ST-ZIP **DeLray Beach, FL**

TITLE **D** Delete
 NAME **GOTTLIEB, STUART**
 STREET ADDRESS **790 ANDREWS AVE**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COTTER, JUDITH**
 STREET ADDRESS **790 ANDREWS AVENUE C103**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **WALKER, FRED**
 STREET ADDRESS **790 ANDREWS AVENUE**
 CITY-ST-ZIP **DELRAY BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPT** Delete
 NAME **CROGAN, JOHN**
 STREET ADDRESS **790 ANDREWS AVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **HODGINS, EDWARD**
 STREET ADDRESS **790 ANDREWS AVE #A101**
 CITY-ST-ZIP **DELRAY Beach, FL**

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

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

Daytime Phone #

CR2E037 (9/99)