

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90091 028 \*\*\*\*61.25

**DOCUMENT # 759298**

1. Entity Name

**THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

790 ANDREWS AVENUE  
 DELRAY BEACH FL 33483

790 ANDREWS AVENUE  
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2141888**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MESCHES, LARRY M**  
**222 LAKEVIEW AVENUE**  
**260**  
**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	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GORDON, ROBERT</b>	
STREET ADDRESS	<b>790 ANDREWS AVE</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOTTLIEB, STUART</b>	
STREET ADDRESS	<b>790 ANDREWS AVE</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>COTTER, JUDITH</b>	
STREET ADDRESS	<b>790 ANDREWS AVENUE C103</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, FRED</b>	
STREET ADDRESS	<b>790 ANDREWS AVENUE</b>	
CITY-ST-ZIP	<b>DELRAY BCH. FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>CROGAN, JOHN</b>	
STREET ADDRESS	<b>790 ANDREWS AVE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUDDINS, EDWARD</b>	
STREET ADDRESS	<b>790 ANDREWS AVE. #A101</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRADFORD LEE</b>	
STREET ADDRESS	<b>790 ANDREWS AVE</b>	
CITY-ST-ZIP	<b>DELRAY BCH, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KATRY FAY</b>	
STREET ADDRESS	<b>790 ANDREWS AVE</b>	
CITY-ST-ZIP	<b>DELRAY BCH, FL</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02** **561279 2904**



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)