

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESCHES, LARRY M
 525 S FLAGLER DR
 #200
 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, BRADFORD	
STREET ADDRESS	790 ANDREWS AVE	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTLIEB, STUART	
STREET ADDRESS	790 ANDREWS AVE	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAY, KATHY	
STREET ADDRESS	790 ANDREWS AVENUE C103	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	OELMAN, BRAD	
STREET ADDRESS	790 ANDREWS AVE	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROGAN, JACK C	
STREET ADDRESS	790 ANDREWS AVE	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
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	U00000687164	
CITY - ST - ZIP	04/10/07-80029-011 61.25	
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 exemptions contained in Section 119, 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]

March 29, 2007