2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90376 038 ****61.25

DOCUMENT # N15610

1. Entity Name
THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321	C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321

04192006 Chg-NP CR2E037 (11/05)

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 59-2773626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TELLER, ROSALIE
9055 NW 61 ST
FORT LAUDERDALE, FL 33321

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2006

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 NAME STREET ADDRESS CITY ST ZIP	TD TELLER, ROSALIE 9055 NW 61 ST TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP STEIN, ALBERT 9048 NW 60 ST TAMARAC, FL 33321	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP LICHTMAN, JEFFREY 9215 NW 61 ST. TAMARAC FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD CRAWFORD, LAVENA 6041 NW 91 WAY TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD [AGE, JERRY 6153 NW 91 AVE TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PAGE, JERRY	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rosalie Teller ROSALIE TELLER 4/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #