2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15610

FILED Feb 15, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

C/O TREASURER 6000 NW 94TH AVE TAMARAC, FL 33321

FEI Number: 59-2773626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TELLER, ROSALIE
9055 NW 61 ST
FORT LAUDERDALE, FL 33321 US
GELB, MARTHA
6031 N W 91 WAY
TAMARAC, FL 33321 US

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: MARTHA GELB 02/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: TD () Delete Title: TD (X) Change () Addition

 Name:
 TELLER, ROSALIE
 Name:
 GELB, MARTHA

 Address:
 9055 NW 61 ST
 Address:
 6031 N W 91 WAY

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

Title: VP () Delete Title: PRES (X) Change () Addition Name: PAGE, MURIEL Name: PAGE, JERRY

 Name
 PAGE, MORIEL
 Name
 PAGE, JERRY

 Address:
 6153 NW 91 AVE
 Address:
 6153 NW 91 AVE

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

Title: SP () Delete Title: SP (X) Change () Addition Name: MCCUSKER, MARIE Name: CRAWFORD, LAVENA

 Address:
 6145 NW 91 ST
 Address:
 6041 N W 91 WAY

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 HOFFMAN, MATTHEW
 Name:
 HOFFMAN, MATTHEW

 Address:
 6050 NW 90 AVE
 Address:
 6037 N W 91 WAY

 City-St-Zip:
 TAMARAC, FL 33321
 City-St-Zip:
 TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA GELB TREA 02/15/2008