


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90335 006 ****61.25

DOCUMENT # N18202
 1. Entity Name
LANDFAIR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**300 NW 12TH AVE.
 MIAMI, FL 33128**

Mailing Address
**300 NW 12TH AVE.
 MIAMI, FL 33128**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

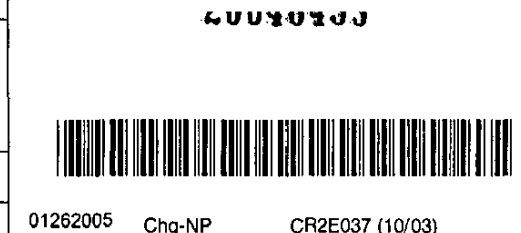
4. FEI Number
59-2824137

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTORANO, SAL
300 NW 12TH AVE.
MIAMI, FL 33128



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	REVALES, RONALD	
STREET ADDRESS	300 NW 12TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MARTORANO, SAL	
STREET ADDRESS	300 NW 12TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIBLEY, RUSSELL JR.	
STREET ADDRESS	300 NW 12TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	300 NW 12TH AVE	
CITY-ST-ZIP	MIAMI, FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Kathleen	
STREET ADDRESS	300 NW 12 Avenue	
CITY-ST-ZIP	Miami, Florida 33128	
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 all other like empowered.

SIGNATURE: Salvatore Martorano **03/04/2005** **(305) 324-5505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #