FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35143 (9)

1. Corporation Name
THE LANDINGS MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9000 SHERIDAN ST. #146 PEMBROKE PINES FL 33024	9000 SHERIDAN ST. #146 PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0258884 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONDO ACCOUNTING INC.
9000 SHERIDAN ST., SUITE 146
PEMBROKE PINES FL 33204

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	MILLER, ROBERT B	1.2 NAME	Stuart Zuckerman
STREET ADDRESS	21228 ESCONDIDO WAY	1.3 STREET ADDRESS	1250 SW 102 Ave
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	REVIS, H. DAN	2.2 NAME	Gilberto Cerda
STREET ADDRESS	2001 W SAMPLE RD #301	2.3 STREET ADDRESS	10202 SW 16 St
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	Pembroke Pines FL 33025
TITLE	VSTD	3.1 TITLE	STD ☑ Change ☐ Addition
NAME	MILLER, JEFFERY S.	3.2 NAME	Robert Miller
STREET ADDRESS	2001 W SAMPLE RD #301	3.3 STREET ADDRESS	11801 Pembroke Road
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE		4.1 TITLE	D ☑ Change ☐ Addition
NAME		4.2 NAME	James Tittle
STREET ADDRESS		4.3 STREET ADDRESS	925 SW 102 Terr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pembroke Pines FL 33025
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Stuart Zuckerman 4/19/95 437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000435