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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33024-6801

3. Date Incorporated or Qualified: **11/13/1989**
3a. Date of Last Report: **02/08/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☑ DELETE	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	ZUCKERMAN, STUART		1.2 NAME	GIBSON, JACK	
STREET ADDRESS	1250 SW 102 AVE		1.3 STREET ADDRESS	1421 SW 102 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	VD	☑ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	CERDA, GILBERTO		2.2 NAME	STARBUCK, DONALD	
STREET ADDRESS	10202 SW 16ST		2.3 STREET ADDRESS	10516 SW 12 MANOR	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	STD	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	MILLER, ROBERT		3.2 NAME	MILLER, ROBERT	
STREET ADDRESS	11801 PEMBROKE ROAD		3.3 STREET ADDRESS	11801 PEMBROKE ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE	D	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LITTLE, JAMES		4.2 NAME		
STREET ADDRESS	925 SW 102 TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: [signature] SIGN REQUIRED 3/20/97 954-437-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0023801