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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 11/13/1989

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: Suite 100	Suite, Apt. #, etc. 27: Suite 100
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

81 Name: Howard J. Zimmerman
82 Street Address (P.O. Box Number is Not Acceptable): c/o Zimmerman Management Services Inc
83: 9000 Sheridan St., Suite 100
84 City: Pembroke Pines FL 85: 33024

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 _____ 2/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, JACK		1.2 NAME		
STREET ADDRESS	1421 SW 102 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STARBUCK, DONALD		2.2 NAME		
STREET ADDRESS	10516 SW 12 MANOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROBERT		3.2 NAME		
STREET ADDRESS	11801 PEMBROKE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Rosario, Efram	
STREET ADDRESS			4.3 STREET ADDRESS	10248 SW 12 Street	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Bilton, Paul	
STREET ADDRESS			5.3 STREET ADDRESS	5400 SW 124 Avenue	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miramar, FL 33027	
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 (10/97)

14. 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 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: _____ 2/10/98 (954) 431-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #