

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

0033648

DOCUMENT # N35143

1. Entity Name

THE LANDINGS MASTER ASSOCIATION, INC.

03-23-2001 90030 011 ****61.25

Principal Place of Business

Mailing Address

9000 SHERIDAN ST
 STE 100
 PEMBROKE PINES FL 33024
 US

9000 SHERIDAN ST
 STE 100
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0258884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIMMERMAN, HOWARD J
 C/O ZIMMERMAN MANAGEMENT SERVICES INC
 9000 SHERIDAN ST, STE 100
 PEMBROKE PINES FL 33024

Name Mark Poffenbarger
 Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc.
9000 Sheridan St. Suite 100
 City Pembroke Pines, **FL** Zip Code 33024

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.

SIGNATURE

Mark Poffenbarger, Property Manager

3/14/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
 NAME **STARBUCK, DONALD**
 STREET ADDRESS **10516 SW 12 MANOR**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **MILLER, ROBERT**
 STREET ADDRESS **11801 PEMBROKE ROAD**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CERDA, GIL**
 STREET ADDRESS **PO BOX 820237**
 CITY-ST-ZIP **SOUTH FLORIDA FL 33082**

TITLE ☐ Change ☒ Addition
 NAME **Johnny Guimaraes**
 STREET ADDRESS **1425 S.W. 105 Avenue**
 CITY-ST-ZIP **Pembroke Pines, FL 33025**

TITLE **VD** ☐ Delete
 NAME **KULBAGO, JOSEPH**
 STREET ADDRESS **10236 SW 12TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert Miller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01
 Date

Daytime Phone #

CR2E037 (10/00)