

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90076 013 ****61.25

DOCUMENT # N35143	
1. Entity Name THE LANDINGS MASTER ASSOCIATION, INC.	

Principal Place of Business 12505 ORANGE DRIVE STE 906 FORT LAUDERDALE, FL 33330 US	Mailing Address 12505 ORANGE DRIVE STE 906 FORT LAUDERDALE, FL 33330 US
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J4UB0446

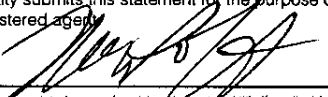
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02052004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0196832	Applied For ☐ Not Applicable
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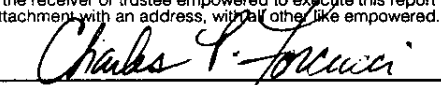
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES, INC... 12505 ORANGE DRIVE, STE 906 FORT LAUDERDALE, FL 33330		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 3/31/04
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	STARBUCK, DONALD			NAME			
STREET ADDRESS	10516 SW 12 MANOR			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL			CITY-ST-ZIP			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	FORCUCCI, CHARLES			NAME			
STREET ADDRESS	10299 SW 16TH ST			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33025			CITY-ST-ZIP			
TITLE	TD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	BROWNE, MICHELE BRAVO			NAME			
STREET ADDRESS	4245 UNIVERSITY DR			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE	S	☒ Change ☐ Addition	
NAME	KLAUSENBERG, JEANETTE			NAME	KLAUSENBERG, JEANETTE		
STREET ADDRESS	1110 SW 103RD AVE			STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33025			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: 	DATE 3/10/04 DAYTIME PHONE # 954-424-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	