2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 14, 2005 8:00 am Secretary of State 02-14-2005 90065 033 ****61.25

DOCUMENT # N35143								02-14-20	NJ 2000J	055	01.23	
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				501			
2. Principal Pl	ace of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					01272005 Chg-NP CR2E037 (10/03)					
City & State	3	City & State			·-	4. FEI Number 65-0196832			·		plied For LApplicable	
Zip - ====	Country Zip		Cou	Country		5 Certificate of S	Status Desired		8.75 Add ee Required			
	6. Name and Address of Current F	Registere	d Agent				7. Name and Ad	dress of New	Registered A	gent		
POFFENBARGER, MARK						Name						
C/O CENTURY MANAGEMENT SERVICES,INC 12505 ORANGE DRIVE , STE 906					Street Address (P.O. Box Number is Not Acceptable)							
FORT LAUDERDALE, FL 33330					City FL Zip Code							
					L	• .	1 1.0					
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												
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut							\$5.00 May Be Added to Fees		Make check orida Depart			
10.	OFFICERS AND DIRECTORS						ADDITIONS/CHAN	GES TO OFFIC	ERS AND DIF	RECTORS IN	10	
TITLE	VPD Detete Titt									Change	Addition	
NAME	STARBUCK, DONALD / NAM											
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE	PD Delete 1117									Change	Addition	
NAME	FORCUCCI, CHARLES									<u></u>		
STREET ADDRESS	10299 SW 16TH ST				EET ADDRESS			٦				
CITY-ST-ZIP	11022111000,112 00020			CITY	-ST-ZIP	ren	broke	<u>ines, l</u>	1 330	25_		
-mre	TD - WOULE BRAVO		Detete			_			-	Change	Addition	
NAME Street adoress	BROWNE, MICHELE BRAVO 4245 UNIVERSITY DR			NAM STRI	eet address							
CITY-ST-ZIP	SUNRISE, FL 33351				-ST-ZIP							
TITLE	S		☐ Defete	TITL	E					Change	Addition	
NAME	KLAUSENBERG, JEANETTE			NAN		Ku	sen berg)UAST,	STICE.	, -		
STREET ADORESS	1110 SW 103RD AVE				EET ADORESS (-ST-ZIP							
CITY-ST-ZIP	PEMBROKE PINES, FL 33025					10				☐ Change	Addition	
TITLE NAME			☐ Delete	TITL NAR		Pat	er Hess	se		☐ Change	Production	
STREET ADDRESS				STR	EET ADDRESS	105	rer Hess 595 SW Monore	12th M	ganor			
CITY-ST-ZIP				CITY	-ST-ZIP	Per	mbrore 1	<u>Pines, f</u>	<u>L 330'</u>	<u>25</u>		
TITLE			Delete	TITL				,		☐ Change	Addition	
NAME CTREET ADDRESS	1			NAM	ME Eet address							
STREET ADDRESS CITY-ST-ZIP					r-ST-ZIP							
12. Thereby 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 receives 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 of the an address, with at other the empowered. SIGNATURE: A Section 2/8/05												
SIGNAT	TURE: (16XV)	10	June	~				× 1010				

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR