

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90072 014 ****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

20008163



2. Principal Place of Business - No P.O. Box #
12233 SW 55th St.

3. Mailing Address
12233 SW 55th Street

Suite, Apt. #, etc.
Suite 811

Suite, Apt. #, etc.
Suite 811

City & State
Cooper City FL

City & State
Cooper City FL

Zip
33330

Country
USA

Zip
33330

Country
USA

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0196832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POFFENBARGER, MARK
C/O CENTURY MANAGEMENT SERVICES, INC...
12505 ORANGE DRIVE, STE 906
FORT LAUDERDALE, FL 33330

7. Name and Address of New Registered Agent

Name
Mark Poffenbarger

Street Address (P.O. Box Number is Not Acceptable)
C/O Century Management Svcs, Inc

12233 SW 55th Street, Suite 811

City
Cooper City

FL

Zip Code
33330

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEWIS, PAUL 10351 SW 9TH LN PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MICHELLE B 10101 SW 14TH ST PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAVIO, EFRAM 10248 SW 12TH ST PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Forcucci 10299 SW 16th St. Pembroke Pines, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer Luis Camacho 10575 SW 12th Manor Pembroke Pines, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Karina Estebanez 10101 SW 14th St. Pembroke Pines, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles Forcucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07
Date Daytime Phone #