


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90015 029 ****61.25

DOCUMENT # N35143 1. Entity Name THE LANDINGS MASTER ASSOCIATION, INC.					
Principal Place of Business 12233 SW 55TH ST STE 811 COOPER CITY, FL 33330 US			Mailing Address 12233 SW 55TH ST STE 811 COOPER CITY, FL 33330 US		
2. Principal Place of Business - No P.O. Box # 1495 N. PARK DR. Suite, Apt. #, etc. WESTON, FL City & State		3. Mailing Address 1495 N. PARK DR Suite, Apt. #, etc. City & State WESTON FL			
Zip 33326		Country USA		4. FEI Number 65-0196832	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MGMT SVS. INC 12233 SW 55TH ST, STE 811 COOPER CITY, FL 33330			7. Name and Address of New Registered Agent Name MARK POFFENBARGER Street Address (P.O. Box Number is Not Acceptable) 1495 N. PARK DR WESTON City FL Zip Code 33326		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete FORCUCCI, CHARLES 10299 SW 16TH ST PEMBROKE PINES, FL 33025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete CAMACRO, LOIS 10575 SW 12TH MANOR PEMBROKE PINES, FL 33025				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ESTEBANEZ, KARINA 10101 SW 14TH ST PEMBROKE PINES, FL 33025				
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition D EFRAIN ROSARIO 10248 SW 12 STREET PEMBROKE PINES, FL 33025				
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: <u>Efrain Rosario</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
2-14-08 <small>Date</small>					
954-430-1111 <small>Daytime Phone #</small>					