

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35143

FILED
Mar 27, 2009
Secretary of State

Entity Name: THE LANDINGS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1495 N PRK DR
FORT LAUDERDALE, FL 33326 US

New Principal Place of Business:

1495 NORTH PARK DR
WESTON, FL 33326 US

Current Mailing Address:

1495 N PRK DR
FORT LAUDERDALE, FL 33326 US

New Mailing Address:

1495 NORTH PARK DR
WESTON, FL 33326 US

FEI Number: 65-0196832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POFFENBARGER, MARK
1495 N PRK DR
FORT LAUDERDALE, FL 33326 US

Name and Address of New Registered Agent:

BACHE, LAWRENCE
9000 WEST SHERIDAN ST
SUITE 174
PEMBROKE PINES, FL 33024 US

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: LAWRENCE BACHE

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORCUCCI, CHARLES
Address: 10299 SW 16TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPT () Delete
Name: CAMACRO, LOIS
Address: 10575 SW 12TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: ESTEBANEZ, KARINA
Address: 10101 SW 14TH ST
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: ROSARIO, EFRAM
Address: 10248 SW 12 ST
City-St-Zip: HOLLYWOOD, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORCUCCI, CHARLES
Address: 1495 NORTH PARK DR
City-St-Zip: WESTON, FL 33326

Title: VPT (X) Change () Addition
Name: CAMACRO, LOIS
Address: 1495 NORTH PARK DR
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: ESTEBANEZ, KARINA
Address: 1495 NORTH PARK DR
City-St-Zip: WESTON, FL 33326

Title: D (X) Change () Addition
Name: ROSARIO, EFRAM
Address: 1495 NORTH PARK DR
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES FORCUCCI

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date