

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90045 029 *****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0196832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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

Mark Poffenbarger, Property Manager

3/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STARBUCK, DONALD 10516 SW 12 MANOR PEMBROKE PINES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EFRAIN, ROSARIO JR 10248 SW 12 ST HOLLYWOOD FL 33025	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUGO, LYNN 1391 SW 105 AVE PEMBROKE PINES FL 33025	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles Forcucci 10299 S.W. 16 St Pembroke Pines, FL 33025	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michele Bravo Browne 4245 University Dr. Sunrise, FL 33351	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeanette Klausenberg 1110 SW 103 Ave Pembroke Pines, FL 33025	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

3/21/03

305-323-5417

CR2E037 (10/02)