


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90197 028 \*\*\*\*61.25

<b>DOCUMENT # N37297</b> 1. Entity Name <b>PANACHE AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10575 SW 12 MANOR PEMBROKE PINES, FL 33019</b>	Mailing Address <b>% ANH MANANAGEMENT CO 310 MCKINLEY STR. HOLLYWOOD, FL 33019</b>
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**50001347**



2. Principal Place of Business - No P.O. Box # <b>1145 SAWLGRASS CORP PKWY</b>	3. Mailing Address <b>40 MIAMI MANAGEMENT</b>
Suite, Apt. #, etc. <b>SUNRISE, FL</b>	Suite, Apt. #, etc. <b>1145 SAWLGRASS CORP PKWY</b>
City & State <b>SUNRISE, FL</b>	City & State <b>SUNRISE, FL</b>
Zip <b>33323</b>	Country <b>USA</b>

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0197884</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCHNEIDER, JOSEPH L  
1720 HARRISON STREET  
STE 1820  
HOLLYWOOD, FL 33020**

**7. Name and Address of New Registered Agent**

Name **KATZMAN & KORK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1501 NW 49 ST.**  
**SUITE 202**  
City **FT LAUD** FL Zip Code **33309**

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  **FERREN L. KORK** DATE **04-17-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PSD CAMACHO, LUIS 10575 SW 12 MANOR PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEWIS, PAUL 10531 SW 9 LN PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUDD, BRAD 1001 SW 101 TERRACE PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUE, JULIET 925 SW 102 TERR MIAMI, FL 33125 <input checked="" 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
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
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  **12-APR-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #