
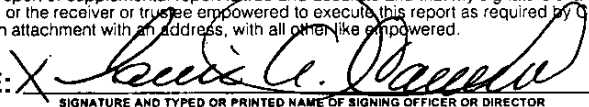


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90014 043 ****61.25

DOCUMENT # N37297 1. Entity Name PANACHE AT THE LANDINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323			Mailing Address C/O MIAM MGMT 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0197884				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KATZMAN & KORE 1501 NW 49 ST STE 202 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	PSD - CAMACHO, LUIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
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	VP - LEWIS, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
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 - JUDD, BRAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 SAWGRASS CORP. PKWY SUNRISE, FL 33323		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD - HALL ROSELYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD - MARQUEZ, RAFAEL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 			2/19/08 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40033000



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