
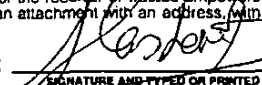


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90082 017 \*\*\*\*61.25

<b>DOCUMENT # N96000005608</b> 1. Entity Name <b>LANDINGS OFFICE CENTRE OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>932 CENTRE CIRCLE SUITE 1100 ALTAMONTE SPRINGS FL 32714</b>			Mailing Address <b>932 CENTRE CIRCLE SUITE 1100 ALTAMONTE SPRINGS FL 32714</b>		
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 <b>59-3011735</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ALSALAH, HASHEM 111 WISTERIA DR SUITE 120 LONGWOOD FL 32779</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and fee if applicable</small> <div style="float: right;"><small>DATE</small></div>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALSALAH, HUDA SAID	NAME			
STREET ADDRESS	1167 NIKULINA DR.	STREET ADDRESS			
CITY - ST - ZIP	SAN JOSE CA 95120	CITY - ST - ZIP			
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALSALAH, HASHEM S	NAME			
STREET ADDRESS	111 WISTERIA DR.	STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALSALAH, HASHEM S	NAME			
STREET ADDRESS	111 WISTERIA DR	STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD FL 32779	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b>  <b>HASHEM ALSALAH</b> <span style="float: right;"><b>2/21/2006 (407) 988-2953</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT

66002486

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

LANDINGS OFFICE CENTRE OWNERS ASSOCIATION, INC.  
932 CENTRE CIRCLE  
SUITE 1100  
ALTAMONTE SPRINGS, FL 32714

Subject: **LANDINGS OFFICE CENTRE OWNERS ASSOCIATION, INC.**

Reference Number: **N96000005608**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION