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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077741 (5)

1. Corporation Name

THE LANDINGS BY PASADENA, INC.



Principal Place of Business

1000 N HIATUS RD
PEMBROKE PINES FL 33026

Mailing Address

1000 N HIATUS RD
PEMBROKE PINES FL 33026

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BERGER, DAVID J
175 NW FIRST AVE
COURT HOUSE CENTER SUITE 2000
MIAMI FL 33128-9965

3. Date Incorporated or Qualified
11/04/1993

3a. Date of Last Report
03/21/1995

4. FEI Number
65-0445867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(P.O. Box) Registered Agent Signature (required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
BERGER, DAVID J
% 175 NW FIRST AVE COURTHOUSE CTR #2000
MIAMI FL 33128-9965

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
MILLER, ROBERT B
1000 N. HIATUS ROAD
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VST
BERGER, ADOLPH J
1000 N. HIATUS ROAD
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VAS
MILLER, LEONARD
1000 N. HIATUS ROAD
PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
300001824953
-05/16/96--01086--023
****200.00 ****200.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 4/22/96 (951) 435-7777
Date Date Printed

CR2E034 (12/95)