


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000102727 1. Entity Name THE LANDINGS AT CYPRESS MEADOWS CORPORATION	
--	---

Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA, FL 33647	Mailing Address 6000 COMPTON ESTATES WAY TAMPA, FL 33647
--	--

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3420168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INGLIS, JOHN S SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602
--

DO NOT WRITE IN THIS SPACE

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILF, LEONARD 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILF, ZYGMUNT 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILF, MARK 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KINSLER, WARREN 6000 COMPTON ESTATES WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAZZANO, FRANK 875 HOOVER BLVD. NEW BRUNSWICK, NJ 08902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000013812
01/26/04-80068-025 150.00

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 607, 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:  **Warren Kinsler, Director** **1/23/04** **813/910-7914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #