

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 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**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3420168

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

U00000399887
02/01/06-80031-002 150.00

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IN THIS SPACE**

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 007, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN KINSLER

1-11-06

Date

(813) 910-7914

Daytime Phone #