

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759298

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC2914183959**

**Entity Name:** THE LANDINGS OF DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

790 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

790 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**FEI Number: 59-2141888**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSSIN, ST JOHN  
1601 FORUM PLACE  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE: ST JOHN ROSSIN**

**04/15/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MORGAN, RICK  
Address 790 ANDREWS AVE C-204  
City-State-Zip: DELRAY BCH FL 33483

Title VICE PRESIDENT  
Name COOKE, BETSY  
Address 790 ANDREWS AVE G-201  
City-State-Zip: DELRAY BCH FL 33483

Title TREASURER  
Name FIX, MARK  
Address 790 ANDREWS AVENUE C-306  
City-State-Zip: DELRAY BEACH FL 33483

Title PRESIDENT  
Name CURTIS, ROSS  
Address 790 ANDREWS AVE A-301  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name FAZIO, MARION  
Address 790 ANDREWS AVE I-104  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name GOTTLIEB, STUART  
Address 790 ANDREWS AVENUE C-206  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name KELLY, EUGENE  
Address 790 ANDREWS AVE. H-101  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name KRASNO, CARIN  
Address 790 ANDREWS AVE. I-103  
City-State-Zip: DELRAY BEACH FL 33483

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CURTIS, ROSS**

**PRESIDENT**

**04/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY  
Name            PYNE, LISA  
Address        790 ANDREWS AVE. A-205  
City-State-Zip: DELRAY BEACH FL 33483