

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759298

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

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**0811390141CC**

**Current Principal Place of Business:**

790 ANDREWS AVENUE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

790 ANDREWS AVENUE  
DELRAY BEACH, FL 33483 US

**FEI Number: 59-2141888**

**Certificate of Status Desired: No**

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

LEAVY, MARIA A  
LEAVY LAW, P.A.  
800 VILLAGE SQUARE CROSSING - STE. 437  
PALM BEACH GARDENS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name LAROSE, KAREN  
Address 790 ANDREWS AVE. A-202  
City-State-Zip: DELRAY BEACH FL 33483

Title PRESIDENT  
Name CARILLO, LOU  
Address 790 ANDREWS AVE.C 304  
City-State-Zip: DELRAY BEACH FL 33483

Title VP  
Name LIBERTY, EDWARD  
Address 790 ANDREWS AVE., C 202  
City-State-Zip: DELRAY BEACH FL 33843

Title DIRECTOR  
Name MORGAN, ELIZABETH  
Address 790 ANDREWS AVE., H 102  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name HECKER, WILLIAM  
Address 790 ANDREWS AVE., A 302  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name SHAW, STEVE  
Address 790 ANDREWS AVE., A 101  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name WEEKS, MARIA  
Address 790 ANDREWS AVE., E 104  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name WHITWORTH, DIXON  
Address 790 ANDREWS AVE., G 102  
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: LOU CARILLO**

**PRESIDENT**

**04/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           TAYLOR, KENNETH  
Address        790 ANDREWS AVE., #F101  
City-State-Zip: DELRAY BEACH FL 33483