

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759298

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

**FILED**  
**Apr 18, 2024**  
**Secretary of State**  
**9702001468CC**

**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:**

SACHS SAX CAPLAN, P.L.  
C/O DANIEL WEBER, ESQ.  
6111 BROKEN SOUND PKWY NW, SUITE 200  
BOCA RATON, FL 33487 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            PRESIDENT  
Name            LAROSE, KAREN  
Address        790 ANDREWS AVE. A-202  
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            TREASURER  
Name            TAYLOR, KENNETH  
Address        790 ANDREWS AVE., #F101  
City-State-Zip: DELRAY BEACH FL 33483

Title            SECRETARY  
Name            MCCLOSKEY, ROYA  
Address        790 ANDREWS AVE  
                  C201  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            SADLER, MERIDITH  
Address        790 ANDREWS AVE  
                  G103  
City-State-Zip: DELRAY BEACH FL 33483

Title            DIRECTOR  
Name            JOHNSON, JOY  
Address        790 ANDREWS AVE  
                  A102  
City-State-Zip: DELRAY BEACH FL 33483

**Continues on page 2**

*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: KAREN LAROSE**

**PRESIDENT**

**04/18/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           LOH, MARY ANN  
Address        790 ANDREWS AVE  
                  G202  
City-State-Zip: DELRAY BEACH FL 33483