2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2015
Secretary of State
CC9469772920

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Entity Name: THE LANDINGS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC
1145 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

FEI Number: 65-0196832

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISENGER, DENNIS ESQ
4000 HOLLYWOOD BLVD.
SUITE 265S
HOLLYWOOD, FL 33021 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	DIRECTOR	Title	SECRETARY, DIRECTOR
Name	LEWIS, PAUL	Name	LEVY, MARIA
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY	Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	TREASURER, DIRECTOR	Title	DIRECTOR
Name	GREEN, LLOYD	Name	KENNEDY, GINO
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY	Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	PRESIDENT, DIRECTOR	Title	VICE PRESIDENT, DIRECTOR
Name	HARIG, TERRY	Name	GLASFORD, EUSTACE
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY	Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323
Title	DIRECTOR		
Name	DAVIS, SCOTT		
Address	C/O MIAMI MANAGEMENT, INC 1145 SAWGRASS CORPORATE PARKWAY		
City-State-Zip:	SUNRISE FL 33323		

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: TERRY HARIG PRESIDENT 01/16/2015

Electronic Signature of Signing Officer/Director Detail Date