## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35143

Entity Name: THE LANDINGS MASTER ASSOCIATION, INC.

**FILED** Mar 25, 2024 Secretary of State 7588903188CC

## **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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER Title SECRETARY Name GREEN, LLOYD Name KENNEDY, GINO

Address C/O MIAMI MANAGEMENT, INC Address C/O MIAMI MANAGEMENT, INC

1145 SAWGRASS CORPORATE 1145 SAWGRASS CORPORATE

**PARKWAY** PARKWAY

SUNRISE FL 33323 SUNRISE FL 33323 City-State-Zip: City-State-Zip:

**PRESIDENT** Title Title VP

HARIG, TERRY DAVIS, SCOTT Name Name

C/O MIAMI MANAGEMENT, INC C/O MIAMI MANAGEMENT, INC Address Address

1145 SAWGRASS CORPORATE 1145 SAWGRASS CORPORATE **PARKWAY PARKWAY** 

City-State-Zip: City-State-Zip: SUNRISE FL 33323

Title **DIRECTOR** Title **DIRECTOR** 

Name SHAHIN, JEFF Name WALKER, SHARON

C/O MIAMI MANAGEMENT, INC C/O MIAMI MANAGEMENT, INC Address Address

1145 SAWGRASS CORPORATE 1145 SAWGRASS CORPORATE

**PARKWAY** PARKWAY

SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323 City-State-Zip:

Title **DIRECTOR** Name HINDS, FELISHA

1145 SAWGRASS CORPORATE Address

PARKWAY

SUNRISE FL 33323

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.

**PRESIDENT** 03/25/2024 SIGNATURE: TERRY HARIG