

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

000720

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747219 (4)
 1. Corporation Name
LANDMARK TOWNHOUSES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
 1251 S. FEDERAL HWY SUITE 419 E BOCA RATON FL 33432 US
 1251 S FEDERAL HWY #419 BOCA RATON FL 33432

3. Date Incorporated or Qualified
05/17/1979
 4. FEI Number **59-1944358**
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 Unit 120 E 27 Unit 120 E
 23 City & State 28 City & State
 24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CAMPBELL PROP MGMT INC
1215 E. HILLSBORO BLVD
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
 81 Name **Tim L. Marshall**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **1251 S. Fed. Hwy.**
 84 City **Boca Raton** 85 Zip Code **FL 33432**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE Tim L. Marshall **Tim L. Marshall - Treasurer** **6/30/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	LENHART, RALPH	
STREET ADDRESS	1251 S. FED. HWY. #119	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ERICKSON, MAURICE	
STREET ADDRESS	1251 S. FEDERAL HWY, 119	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LENHART, RALPH	
STREET ADDRESS	1251 S. FED HWY #119	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGREGOR, JAMES	
STREET ADDRESS	1251 S. FED HWY, 104	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, ARTHUR	
STREET ADDRESS	1251 S. FED HWY, 132	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Torleaf Benestad	
1.3 STREET ADDRESS	1251 S. Fed. Hwy. #121	
1.4 CITY-ST-ZIP	Boca Raton, FL 33432-7352	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Laura Murray	
2.3 STREET ADDRESS	1251 S. Fed. Hwy. #110	
2.4 CITY-ST-ZIP	Boca Raton, FL 33432-7352	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Tim Marshall	
3.3 STREET ADDRESS	1251 S. Fed. Hwy., #120	
3.4 CITY-ST-ZIP	Boca Raton, FL 33432-7352	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Keith Adler	
4.3 STREET ADDRESS	1251 S. Fed. Hwy., #123	
4.4 CITY-ST-ZIP	Boca Raton, FL 33432-7352	
5.1 TITLE	Director At Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nancy Marcus	
5.3 STREET ADDRESS	1251 S. Fed. Hwy., #106	
5.4 CITY-ST-ZIP	Boca Raton, FL 33432-7352	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim L. Marshall **Tim Marshall - Treasurer** **6/30/98**
Signature, typed or printed name of signing officer or director Date Deadline Phone #

CR2E037 (5/98)