

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90091 034 \*\*\*\*61.25

0043623

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 747219**

1. Corporation Name

**LANDMARK TOWNHOUSES CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

1251 S. FEDERAL HWY  
 UNIT 120 E  
 BOCA RATON FL 33432  
 US

Mailing Address

1251 S FEDERAL HWY #121  
 UNIT 120 E  
 BOCA RATON FL 33432  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/17/1979

4. FEI Number

59-1944358

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

MARSHALL, TIM L  
 1251 S FEDERAL HWY  
 BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Jeffrey BOLTON

82 Street Address (P.O. Box Number is Not Acceptable)

40 Duskal, BOLTON & MANELA CPAs

83

240 West Palmetto Pk Rd Ste 300

84 City

BOCA RATON

FL

85 Zip Code

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

*[Signature]*

1/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE PD  DELETE  
 NAME BENESTAD, TORLEAF  
 STREET ADDRESS 1251 S FED HWY 121  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE VPD  DELETE  
 NAME MURRAY, LAURA  
 STREET ADDRESS 1251 S FED HWY 110  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE T  DELETE  
 NAME MARSHALL, TIM  
 STREET ADDRESS 1251 S FED HWY 120  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE SD  DELETE  
 NAME ADLER, KEITH  
 STREET ADDRESS 1251 S FED HWY 123  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE D  DELETE  
 NAME MARCUS, NANCY  
 STREET ADDRESS 1251 S FED HWY 106  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE SD  Change  Addition  
 2.2 NAME BODDIE, ANITA  
 2.3 STREET ADDRESS 1251 S FED HWY 118  
 2.4 CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE VPD  Change  Addition  
 4.2 NAME ADLER, KEITH  
 4.3 STREET ADDRESS 1251 S. FED HWY 123  
 4.4 CITY-ST-ZIP BOCA RATON, FL 33432

5.1 TITLE D  Change  Addition  
 5.2 NAME MARINO, ALFRED  
 5.3 STREET ADDRESS 1251 S. FED. HWY. 131  
 5.4 CITY-ST-ZIP BOCA RATON, FL 33432

6.1 TITLE  Change  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)(i), 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, with all other like empowered.

SIGNATURE: *Tim L Marshall* REQUIRED: MARSHALL

1/25/99

(561) 750-9132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)