

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 APR 28 PM 6:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N03745 (9)**  
1. Corporation Name  
**LANDMARK PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**3205 LANDMARK DR. CLEARWATER FL 34621** **3205 LANDMARK DR. CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/18/1984** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-2512195** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**CUSTOM, COMMUNITY M INC  
2331 BELLEAIR ROAD, STE B  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *F.M. Kant* DATE **4-18-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DECESAR, CHARLES
STREET ADDRESS	3209 LANDMARK DR.
CITY - ST - ZIP	CLEARWATER FL
TITLE	P
NAME	SCATURRO, BILL
STREET ADDRESS	3203 LANDMARK DR #2201
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	WEIR, CLARE
STREET ADDRESS	3205 LANDMARK DR.
CITY - ST - ZIP	CLEARWATER FL
TITLE	TD
NAME	FRATTARULO, MICHAEL A
STREET ADDRESS	3201 LANDMARK DRIVE #1101
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	LARUE, OLIVER G
STREET ADDRESS	3205 LANDMARK DR #3105
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>S/B DIMARIA, SEBASTIAN</i>
3.3 STREET ADDRESS	<i>3211 LANDMARK DR. #5509</i>
3.4 CITY - ST - ZIP	<i>CLEARWATER, FL 34621</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Bill Scaturro* *(Print)* DATE **4/21/95**  
Signature and typed or printed name of signing officer or director