

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



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

Mailing Address
**3205 LANDMARK DR.
CLEARWATER FL 34621**

3. Date Incorporated or Qualified
06/18/1984

3a. Date of Last Report
04/28/1995

2. Principal Place of Business 21 3203 Landmark Drive Suite, Apt. #, etc. 22 - City & State 23 Clearwater, FL Zip 24 34621	2a. Mailing Address 26 c/o Custom Community Mgmt Suite, Apt. #, etc. 27 2331 Belleair Road; Suite D City & State 28 Clearwater, FL Zip 29 34624	4. FEI Number 59-2512195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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
Frank M. Randazzo, LCM

82 Street Address (P.O. Box Number is Not Acceptable)
Custom Community Management, Inc.

83 **2331 Belleair Road; Suite D**

84 City
Clearwater

85 Zip Code
FL 34624

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

Frank M. Randazzo
FRANK M. RANDAZZO

DATE
2-19-96

(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	VD	<input type="checkbox"/> DELETE
NAME	DECESAR, CHARLES	
STREET ADDRESS	3209 LANDMARK DR.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCATURRO, BILL	
STREET ADDRESS	3203 LANDMARK DR #2201	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIMARIA, SEBASTIAN	
STREET ADDRESS	3211 LANDMARK DR. #5509	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRATTARULO, MICHAEL A	
STREET ADDRESS	3201 LANDMARK DRIVE #1101	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARUE, OLIVER G	
STREET ADDRESS	3205 LANDMARK DR #3105	
CITY - ST - ZIP	CLEARWATER FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DNP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles DeCesar	
1.3 STREET ADDRESS	3209 Landmark Drive #4409	
1.4 CITY - ST - ZIP	Clearwater, FL 34621	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	(same)	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(same)	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DIT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Michael Frattaruolo	
4.3 STREET ADDRESS	3301 Landmark Drive #1101	
4.4 CITY - ST - ZIP	Clearwater, FL 34621	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	(same)	
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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)