

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90041 013 ****70.00

DOCUMENT # N03745

1. Entity Name

LANDMARK PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3211 LANDMARK DR. APT 5509
 CLEARWATER FL 33761
 US

Mailing Address

40347 US HWY 19, SUITE 129
 TARPON SPRINGS FL 34698-4841
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2512195

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOONSTER, JANET K
C/O COMMUNITY ACCT. & MGMT, INC
40347 U.S 19 N. SUITE 129
TARPON SPRINGS FL 34689

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE-NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **SCATURRO, BILL**
 STREET ADDRESS **2303 LANDMARK DR. APT 2201**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **DVP** Change Addition
 NAME **SCATURRO, BILL**
 STREET ADDRESS **2303 LANDMARK DR #2201**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **DVP** Delete
 NAME **DECESAR, CHARLES**
 STREET ADDRESS **3209 LANDMARK DR. APT 4410**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **DP** Change Addition
 NAME **NIARHOS, THEODORE**
 STREET ADDRESS **3209 LANDMARK DR #4404**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **DT** Delete
 NAME **DIMARIA, SEBASTIAN**
 STREET ADDRESS **3211 LANDMARK DR. APT 5509**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **DT** Change Addition
 NAME **COHEN, CY**
 STREET ADDRESS **3211 LANDMARK DR #5501**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **DS** Delete
 NAME **DOHNERT, ED**
 STREET ADDRESS **3209 LANDMARK D. APT 4407**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DD** Delete
 NAME **FRATTARULO, MICHAEL**
 STREET ADDRESS **3201 LANDMARK DR. APT 1101**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02
 Date

Daytime Phone #

CR2E037 (9/01)