


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90068 003 \*\*\*\*70.00

<b>DOCUMENT # N03745</b>					
1. Entity Name <b>LANDMARK PLACE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3211 LANDMARK DR. APT 5509 CLEARWATER, FL 33761 US</b>			Mailing Address <b>40347 US HWY 19, SUITE 129 TARPON SPRINGS, FL 34698-4841 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2512195</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent -			7. Name and Address of New Registered Agent -		
<b>SPOONSTER, JANET K C/O COMMUNITY ACCT. &amp; MGMT, INC 40347 U.S 19 N. SUITE 129 TARPON SPRINGS, FL 34689</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAYWOOD, WAYNE</b>			NAME	
STREET ADDRESS	<b>3206 LANDMARK DRIVE 1205</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NIARHOS, THEODORE</b>			NAME	
STREET ADDRESS	<b>3209 LANDMARK DR. #4404</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>			CITY-ST-ZIP	
TITLE	DD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACKMAN, RICHARD</b>			NAME	
STREET ADDRESS	<b>8201 LANDMARK DRIVE # 1203</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, CY</b>			NAME	
STREET ADDRESS	<b>3211 LANDMARK DR#5501</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>			CITY-ST-ZIP	
TITLE	DD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIBSON, EDWARD</b>			NAME	
STREET ADDRESS	<b>3205 LANDMARK DR. 3201</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARNOS, CAROLYN</b>			NAME	
STREET ADDRESS	<b>3209 LANDMARK DRIVE #4404</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <i>President 08/03/06</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	