

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

DOCUMENT # N07078 (1)
1. Corporation Name
LANDMARK AT POINTE WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**2704 29TH AVE W
BRADENTON FL 34205
US**

Mailing Address
**PO BOX 10674
BRADENTON FL 34202
US**

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:16

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1985

3a. Date of Last Report
02/10/1994

4. FEI Number
59-2837229

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. 189.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

**C&S CONDO MGMNT SERV INC
2704 29TH AVE W
6304 POINTE WEST BLVD #303
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81 Name
**82 Street Address (P.O. Box Number is Not Acceptable)
4301 32nd ST W. SUITE E-14**

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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOUDREAU, LAMBERT
STREET ADDRESS	6304 POINTE WEST BLVD #303
CITY- ST- ZIP	BRADENTON FL
TITLE	V
NAME	DYKSTRA, TOM
STREET ADDRESS	6304 POINTE WEST BLVD #307
CITY- ST- ZIP	BRADENTON FL
TITLE	STD
NAME	KING, JAMES
STREET ADDRESS	6304 POINTE WEST BLVD #204
CITY- ST- ZIP	BRADENTON FL
TITLE	D
NAME	WILSHE, BEATRICE
STREET ADDRESS	6304 POINTE WEST BLVD #109
CITY- ST- ZIP	BRADENTON FL
TITLE	D
NAME	LABOISSONIERE, DONALD
STREET ADDRESS	6304 POINTE WEST BLVD #206
CITY- ST- ZIP	BRADENTON 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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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: *[Signature]* **01/12/95 813/758-9454**

DATE: **01/12/95** SIGNATURE: **813/758-9454**