

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N07078 (1)

1. Corporation Name
LANDMARK AT POINTE WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4301 32ND STREET WEST #E-14 BRADENTON FL 34205 US

Mailing Address
PO BOX 10674 BRADENTON FL 34262-0674 US

3. Date Incorporated or Qualified 01/11/1985
3a. Date of Last Report 02/26/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
C&S CONDO MGMNT SERV INC
4301 32ND STREET WEST
SUITE E-14
BRADENTON FL 34205

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 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAU, LAMBERT	1.2 NAME	
STREET ADDRESS	6304 POINTE WEST BLVD #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKSTRA, TOM	2.2 NAME	
STREET ADDRESS	6304 POINTE WEST BLVD #307	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES	3.2 NAME	
STREET ADDRESS	6304 POINTE WEST BLVD #204	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSHE, BEATRICE	4.2 NAME	
STREET ADDRESS	6304 POINTE WEST BLVD #109	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABOISSONIERE, DONALD	5.2 NAME	
STREET ADDRESS	6304 POINTE WEST BLVD #206	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Lambert Boudreau 3/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)