


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90486 037 ****61.25

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DOCUMENT # N07078					
1. Entity 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 34282 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03182004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2837229	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C&S CONDO MGMNT SERV INC 4301 32ND STREET WEST SUITE E-14 BRADENTON, FL 34205			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when applicable.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JEANETTE		NAME		
STREET ADDRESS	6304 POINTE WEST BLVD #208		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JAMES		NAME	James Howes	
STREET ADDRESS	6304 POINTE WEST BLVD #204		STREET ADDRESS	6304 Pointe West Blvd 30	
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTELL, DAVID		NAME		
STREET ADDRESS	6304 POINT WEST BLVD #203		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTEAU, IRENE		NAME		
STREET ADDRESS	6304 POINTE WEST BLVD #209		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL		CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, DALE		NAME		
STREET ADDRESS	6304 POINTE WEST BLVD #105		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 32409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(c), 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: <u>Shelly Anderson</u> DATE: _____ OFFICER OR DIRECTOR					