


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90018 029 ****61.25

DOCUMENT # N07078

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



40007972



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 4301 32nd St. W.	3. Mailing Address 4301 32nd St. W.
Suite, Apt. #, etc. A-20	Suite, Apt. #, etc. A-20
City & State Bradenton, FL	City & State Bradenton, FL
Zip 34205	Zip 34205
Country USA	Country USA

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2837229	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent C&S CONDO MGMNT SERV INC 4301 32ND STREET WEST SUITE E-14 A-20 BRADENTON, FL 34205	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	MC MCDONALD, JEANETTE 6304 POINTE WEST BLVD #208 BRADENTON, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWES, JAMES 6304 POINTE WEST BLVD. #310 BRADENTON, FL 34209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LITTELL, DAVID 6304 POINT WEST BLVD #203 BRADENTON, FL 34209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARENTEAU, IRENE 6304 POINTE WEST BLVD #209 BRADENTON, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ANDREWS, DALE 6304 POINTE WEST BLVD #105 BRADENTON, FL 32409	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale M. Andrews* *M. Andrews* *1/16/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year