

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 013 ****61.25



DOCUMENT # N07078

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

Principal Place of Business 4301 32ND STREET WEST A-20 BRADENTON, FL 34205 US	Mailing Address 4301 32ND STREET WEST A-20 BRADENTON, FL 34205 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03232006 Chg-NP CR2E037 (11/05)

City & State	City & State
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4. FEI Number 59-2837229	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C&S CONDO MGMNT SERV INC
4301 32ND STREET WEST
SUITE 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 _____

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 *James M. Andrews* DATE 3.23.06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, JEANETTE	
STREET ADDRESS	6304 POINTE WEST BLVD #208	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWES, JAMES	
STREET ADDRESS	6304 POINTE WEST BLVD. #310	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LITTELL, DAVID	
STREET ADDRESS	6304 POINT WEST BLVD #203	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARENTEAU, IRENE	
STREET ADDRESS	6304 POINTE WEST BLVD #209	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ANDREWS, DALE	
STREET ADDRESS	6304 POINTE WEST BLVD #105	
CITY-ST-ZIP	BRADENTON, FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	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: *Dale M. Andrews* / DALE M. ANDREWS DATE 3.23.06 (941) 795-5441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #