## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90046 018 \*\*\*\*61.25

DOCL	JMENT #	N <sub>1</sub>	3895

1. Corporation Name

THE LANDINGS SOUTH III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	
CONDOMINIUM MANAGEMENT, INC 1801 GLENGARY STR	
SARASOTA FL 34231-3603	

Mailing Address

CONDIMINIUM MANAGEMENT. INC 1801 GLENGARY STR SARASOTA FL 34231-3603 US



272000 - 90046 - 18

2.	Principal Place of Business 2a. Mailing Address			Date Incorporated or Qualifed							
21			26						03/18/1986		
	Suite, Apt. #, etc.			Suite, Apt. #, etc	).			4.	FEI Number	L	Applied For
22	1		27					1	59-2954338		Not Applicable
23	City & State		28	City & State				5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
	Zip	Country		Žip	$\overline{}$	intry		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be
24		25	29		30	_		40			060 10 1 003
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
						81	Name				
CONDOMINIUM MANAGEMENT INC 1801 GLENGARY STR		82	2 Street Address (P.O. Box Number is Not Acceptable)								
SARASOTA FL 34231		83	-								
						84	City		F		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.

•	· · · · · · · · · · · · · · · · · · ·				ľ
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	VD DELETE	1.1 TITLE		☐ Change	Addition
NAME	WARNER, GEORGE K	1.2 NAME			
STREET ADDRESS	5279 HERON WAY	1.3 STREET ADDRESS			1
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP			
TITLE	VD DELETE	2.1 TITLE		Change	☐ Addition
NAME	MILENI, GUY	2.2 NAME			1
STREET ADDRESS	5265 HERON WAY	2.3 STREET ADDRESS			ľ
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP			
TITLE	TD DELETE	3.1 TITLE	SEE ATTAC	HED Change	Addition
NAME	BURT FRANK	3.2 NAME	TTAC	<b>,</b> `	
STREET ADDRESS	5245 HERON WAY	3.3 STREET ADDRESS	A. A.		,
CITY-ST-ZIP	SARASOTA FL 34231	3.4. CITY-ST-ZIP	SEE		
TITLE	PD DELETE	4.1 TITLE		Change	☐ Addition
NAME	GINSBURG, MARVIN	4. 2 NAME			
STREET ADDRESS	5268 HERON WAY	4.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TITLE		Change	☐ Addition
NAME	WITTES, SIMON M	5.2 NAME			
STREET ADDRESS	5274 HERON WAY	5.3 STREET ADDRESS	•		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	·	Change	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>2</b> • • • •	6.4 C/TY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 port is tage 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 in stee simple wered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if on an attick meet with an address, with all giver like empowered.

SIGNATURE:

SIGNATURED

4/22/49

941-921-5393

CR2E037 (11/98)

1801 Glengary Street Sarasota, FL 34231

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