

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N27827 (7)

1. Corporation Name
THE LANDMARK CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 20185 EAST COUNTRY CLUB DR N. MIAMI BEACH FL 33180	Mailing Address 20185 EAST COUNTRY CLUB DR. N. MIAMI BEACH FL 33180
--	---

3. Date Incorporated or Qualified
08/10/1988

4. FEI Number
65-0132882

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

~~SECRETARY~~
**20185 E. COUNTRY CLUB DR
AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name	SANDRA JARKOW
82 Street Address (P.O. Box Number is Not Acceptable)	20185 E COUNTRY CLUB DR
83	OFFICE
84 City	AVENTURA FL
85 Zip Code	33180

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 *Sandra Jarkow* DATE _____

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

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BURCHIETTI, JAMIE	
STREET ADDRESS	20185 E. COUNTRY CLUB DR.	
CITY-ST-ZIP	N.M. BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONAS, FLAGG ROYAL	
STREET ADDRESS	20185 E. COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NESSITT, MARIAN	
STREET ADDRESS	20185 E. COUNTRY CLUB DR	
CITY-ST-ZIP	AVENTURA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERBERT KARLINER	
1.3 STREET ADDRESS	20185 E. COUNTRY CLUB DR.	
1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 unchanged, or on an attachment with an address.

SIGNATURE: *Marian Nesbitt* **MARIAN NESBITT** 1-11-98 305-933-2349

CR2E037 (10/97)