

02261999-90011-014-\$61.25-\$61.25 \* 07141999-90001-024-\$61.25-\$61.25

ANNUAL REPORT  
1999



Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90011 014 \*\*\*\*61.25  
07-14-1999 90001 024 \*\*\*\*61.25

DOCUMENT # **N27827**  
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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/10/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0132882	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		Country	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JARKOW, SANDRA 20185-E COUNTRY CLUB DR OFFICE AVENTURA FL 33180				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLINER, HERBERT		1.2 NAME		
STREET ADDRESS	20185 E. COUNTRY CLUB DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONAS, FLAGG ROYAL		2.2 NAME		
STREET ADDRESS	20185 E. COUNTRY CLUB DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESBITT, MARIAN		3.2 NAME		
STREET ADDRESS	20185 E. COUNTRY CLUB DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	SHELDON BERNSTEIN	
STREET ADDRESS			4.3 STREET ADDRESS	20185 E COUNTRY CLUB DR.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	LES LESSER	
STREET ADDRESS			5.3 STREET ADDRESS	20185 E. COUNTRY CLUB DR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marian Nesbitt SIGNATURE: MARIAN NESBITT DATE: 7-6-99 DAYTIME PHONE #: 305-933-2349