

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90028 048 ****61.25

670553



DO NOT WRITE IN THIS SPACE

DOCUMENT # N27827
 1. Entity Name
THE LANDMARK CLUB CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0132882 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEON-RUBIDO, MARLENE
8500 W FLAGLER ST
STE A-105
MIAMI FL 33144

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

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
T GODDMAN, ALBERT 20185 E COUNTRY CLUB DR AVENTURA FL 33180	<input type="checkbox"/> Delete
VD LESSER (LES) Irving 20185 E COUNTRY CLUB DR MIAMI FL 33180	<input type="checkbox"/> Delete
PD NESBITT, MARIAN 20185 E. COUNTRY CLUB DR, 409 AVENTURA FL	<input type="checkbox"/> Delete
T WENDELL ENSEY 20185 E. COUNTRY CLUB DR, 902 AVENTURA, FL 33180	<input type="checkbox"/> Delete
S SIDNEY MYERS 20185 E. COUNTRY CLUB DR, 1602 AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
V TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
W S TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
B T TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(j), 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: **SIGNATURE REQUIRED** 1/09/01 3059321252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)