

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90315 017 ****61.25

DOCUMENT # N27827

1. Entity Name

THE LANDMARK CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

20185 EAST COUNTRY CLUB DR.
 N. MIAMI BEACH FL 33180

20185 EAST COUNTRY CLUB DR.
 N. MIAMI BEACH FL 33180

1 2 1 0 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0132882

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEON-RUBIDO, MARLENE
8500 W FLAGLER ST
STE A-105
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** Delete
 NAME **GODDMAN, ALBERT**
 STREET ADDRESS **20185 E COUNTRY CLUB DR**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **LESSER, IRVING**
 STREET ADDRESS **20185 E COUNTRY CLUB DR**
 CITY-ST-ZIP **MIAMI, FL 33180**

TITLE Change Addition
 NAME **LESSER, IRVING**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **NESBITT, MARIAN**
 STREET ADDRESS **20185 E. COUNTRY CLUB DR**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TS** Delete
 NAME **ENSEY, WENDELL**
 STREET ADDRESS **20185 E COUNTRY CLUB DR #902**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **MYERS, STONEY**
 STREET ADDRESS **20185 E COUNTRY CLUB DR #1602**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE Change Addition
 NAME **myers sidney**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **ALBERT GLEWIS GODDMAN, M.D.** *Albert Goddman, M.D.* 01/22/02 Vice-President

UAC/001

CR2E037 (9/01)