

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30125 (1)**
1. Corporation Name
THE LANDINGS SOUTH VII CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1688 STARLING DR, SARASOTA FL 34231, US
Mailing Address: % JMC PROPERTY MGMT, PO BOX 9364, LONGBOAT KEY FL 34228, US

3. Date Incorporated or Qualified: 01/11/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields.

4. FEI Number: 59-2930440
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: JMC PROPERTY MANAGEMENT INC, 3174 GULF OF MEXICO DR, LONGBOAT KEY FL 34228
10. Name and Address of New Registered Agent (81-85) fields.

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE: SD NAME: CARTER, BILL STREET ADDRESS: 1702 STARLING DR CITY-ST-ZIP: SARASOTA FL | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: SEE/TREAS 1.2 NAME: SALLY WHITE 1.3 STREET ADDRESS: 1712 STARLING DR 1.4 CITY-ST-ZIP: SARASOTA FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: P NAME: STEIN, ELMA STREET ADDRESS: 1688 STARLING DR. CITY-ST-ZIP: SARASOTA FL | <input type="checkbox"/> DELETE | 2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: 100001740491 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: Director NAME: OLSHANSKY, NORM STREET ADDRESS: 1690 STARLING DR. CITY-ST-ZIP: SARASOTA FL | <input type="checkbox"/> DELETE | 3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: --03/18/96--01033--004 ***61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: FISHER, CAROL STREET ADDRESS: 1692 STARLING DR CITY-ST-ZIP: SARASOTA FL | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE: Director - SEC. 4.2 NAME: KEN SHEPPLER 4.3 STREET ADDRESS: 1614 STARLING DR 4.4 CITY-ST-ZIP: SARASOTA FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: BRENNWALD, MANFRED STREET ADDRESS: 1656 STARLING DR CITY-ST-ZIP: SARASOTA FL | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: VP 5.2 NAME: Tom McGINN 5.3 STREET ADDRESS: 1706 STARLING TR 5.4 CITY-ST-ZIP: SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: | <input type="checkbox"/> DELETE | 6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* (ELMA STEIN) 1/30/96 941-923-4936 3/18
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)