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Secretary of State

04-26-1999 90221 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30125

1. Corporation Name
THE LANDINGS SOUTH VII CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1688 STARLING DR SARASOTA FL 34231 US	Mailing Address % CONDO KEEPERS 630 S. ORANGE AVENUE., STE 101 SARASOTA FL 34236 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/11/1989	4. FEI Number 59-2930440 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

PURSIFULL, ROCHELLE
630 S. ORANGE AVENUE., STE 101
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name **JAMES, JOHN S.**
 82 Street Address (P.O. Box Number is Not Acceptable)
630 S ORANGE SUITE 101
 83
 84 City **SARASOTA** FL 85 Zip Code **34236**

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: *John S. James* DATE: **4-19-99**

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, SALLY	
STREET ADDRESS	1712 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KINCAID, ROBERT	
STREET ADDRESS	1600 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCHER, CAROL	
STREET ADDRESS	1692 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	SCHELPELE, KEN	
STREET ADDRESS	1694 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILBURN, SAMUEL V	
STREET ADDRESS	1708 STARLING DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Fisher, CAROL	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	McLEAN, LESLIE	
4.3 STREET ADDRESS	1694 STARLING DR	
4.4 CITY-ST-ZIP	SARASOTA, FL 34231	
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Kincaid* DATE: **4-21-99** PHONE: **941-927-6700**

CR2E037 (1/98)