## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N30125

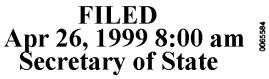
1. Corporation Name

THE LANDINGS SOUTH VII CONDOMINIUM ASSOCIATION, INC.

Principal Place of Bus
1688 STARLING DR
SARASOTA FL 34231
HS

Mailing Address

% CONDO KEEPERS 630 S. ORANGE AVENUE.. STE 101 SARASOTA FL 34236



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

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						<del> </del>					
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed					
21		26				01/11/1989					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number			}	lied For	
22		27				59-293	<u>30440                                   </u>		<del></del>	Applicable	
City & Stat	е	City & State				5. Certificate of Status Desired				\$8.75 Additional Fee Required	
Zip	Country	Zip	ntry		6. Election Campaign Financing			\$5.00	viav Be		
24	25					Trust Fund Contribution Added to Fees					
24 25 29 3 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
							<b>U</b>	<i>S.</i>			
PURSIFULL, ROCHELLE					82 Street Ardress (P.O. Box Number is Not Acceptable)						
630 S. OF	RANGE AVENUE., STE 101			83 S ORANGE SUITE 10							
SARASOT	A FL 34236										
			84 City 5,4 PASO TA FL 85 Zing						2°3L		
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or by th, 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 original ons of, Section 617.0503, Florida Statutes.  SIGNATURE											
	Signature, typed of plinted name of registered agent			Agent sign	nature req iired	when reinstating)	NOICHANCES	TO OFFICERS	AND DIRECTOR	2S IN 12	
12	OFFICERS AND	DIRECTORS	13.		т	ADDITIO	NS/CHANGES	TO OFFICEING	Change	Addition	
TITLE	1	☐ DEFE (E							change		
NAME	WHITE, SALLY		1	1.2 NAME						ļ	
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34231			1.4 CITY-ST-ZIP				·	Chango	Addition	
TITLE	P			TLE	D				Change	☐ Vaginosi i	
NAME	KINCAID, ROBERT		2.2 N								
STREET ADDRESS	1600 STARLING DR.		2.3 S1	3 STREET ADDRESS							
CITY-ST-ZIP	SARASOTA FL 34231		2.4 C	ITY-ST-ZIF	2 =				<del></del> _	- Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE	) D	☐ DELETE	3.1 TF	TLE	P	. , , ,	1		<b>X</b> Change	Addition	
NAME	FISCHER, CAROL		3.2 N/	<b>ME</b>	F	1566	e, Cx	ROL			
STREET ADDRESS	1692 STARLING DR.		3.3 ST	REET ADD			,				
CITY-ST-ZIP	SARASOTA FL 34231		34 <u>C</u>	ITY-ST-ZIF							
TITLE	DS	<b>▼</b> DELETE	4.1 TI	TLE	5			-	☐ Change	Addition	
NAME	SCHEPPELE, KEN		4.2 N	AME	1.40	CLEAN	ムバンペ C	10 70		}	
STREET ADDRESS			4351	TREET ADD	RESS /4	494 5	TARLIK	- 1/2 2	•		
CITY-ST-ZIP	SARASOTA FL 34231		4.4 CI	TY-ST-ZIF	.51	ARASO!	A, F1	JC DR 3423	<u>/</u> _		
TITLE	VP	☐ DELETE	5.1 17	TLE			,		Change	☐ Addition	
NAME	WILBURN, SAMUEL V		5.2 N⁄	ME							
STREET ADDRESS			5.3 \$1	REET ADO	RESS					Ì	
CITY-ST-ZIP	SARASOTA FL 34231		5.4 CI	TY-ST-ZIF	•						
TITLE		☐ DELETE	6.1 TI	TLE			_		☐ Change	☐ Addition	
NAME			6.2 N	AME							
STREET ADDRESS			6.3 \$1	TREET ADD	RESS						
CITY-ST-ZIP			6.4 CI	1Y-ST-ZIF	,						
/											

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 supplier ental 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 open attact ment with an address, with all other like empowered.

SIGNATURE: