

**2000 UNIFORM BUSINESS REPORT (UBR)**

57

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90184 030 \*\*\*\*61.25

**DOCUMENT # N30125**

1. Entity Name

**THE LANDINGS SOUTH VII CONDOMINIUM ASSOCIATION,**

Principal Place of Business

Mailing Address

1688 STARLING DR  
 SARASOTA FL 34231  
 US

% CONDO KEEPERS  
 630 S. ORANGE AVENUE, STE 101  
 SARASOTA FL 34238-7504  
 US

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

59-2930440

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

JANES, JOHN S

630 S ORANGE, SUITE #101  
 SARASOTA FL 34236

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

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	T & D	<input type="checkbox"/> Delete
NAME	WHITE, SALLY	
STREET ADDRESS	1712 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINCAID, ROBERT	
STREET ADDRESS	1600 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S P & D	<input type="checkbox"/> Delete
NAME	FISHER, CAROL	
STREET ADDRESS	1692 STARLING DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VP & D	<input type="checkbox"/> Delete
NAME	WILBURN, SAMUEL V	
STREET ADDRESS	1708 STARLING DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S & D	<input type="checkbox"/> Delete
NAME	MCLEAN, LESLIE	
STREET ADDRESS	1694 STARLING DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

941-927-6700

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE