FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719641 (3)

1. Corporation Name

LANDS END CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
44 YACHT CLUB DR NORTH PALM BEACH FL 33408	44 YACHT CLUB DR NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1970
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1372937 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, JOAN M.
36 YACHT CLUB DRIVE #605
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: MELVILLE, MARTA
82 Street Address (P.O. Box Number is Not Acceptable): 44 YACHT CLUB DR. # 111
83
84 City: N. PALM BEACH FL 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: x Marta Melville — x 2/22/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SMITH, MICHAEL B	1.2 NAME	DWIGHT SCHNEIDER	
STREET ADDRESS	36 YACHT CLUB DR #605	1.3 STREET ADDRESS	44 YACHT CLUB DR. # 211	
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	TD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	FITZGERALD, KEITH	2.2 NAME	FITZGERALD, KEITH	
STREET ADDRESS	36 YACHT CLUB DRIVE, #503	2.3 STREET ADDRESS	36 YACHT CLUB DR. # 503	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	TD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	HINTON, RICHARD	3.2 NAME	MELVILLE, MARTA	
STREET ADDRESS	36 YACHT CLUB DR #602	3.3 STREET ADDRESS	44 YACHT CLUB DR. # 111	
CITY-ST-ZIP	N PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GLAESER, GEORGE	4.2 NAME	GLAESER, GEORGE	
STREET ADDRESS	36 YACHT CLUB DRIVE, #104	4.3 STREET ADDRESS	36 YACHT CLUB DR. # 104	
CITY-ST-ZIP	NORTH PALM BEACH FL	4.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	D	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	MORTON, CLIFF	5.2 NAME	ROSENBERG, MILLIE	
STREET ADDRESS	36 YACHT CLUB DR #409	5.3 STREET ADDRESS	44 YACHT CLUB DR. # 110	
CITY-ST-ZIP	N PALM BEACH, FL 00000	5.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	
TITLE	SD	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, JOAN M.	6.2 NAME	HOLLE BECK, DICK	
STREET ADDRESS	36 YACHT CLUB DR #605	6.3 STREET ADDRESS	36 YACHT CLUB DR. # 203	
CITY-ST-ZIP	N PALM BCH, FL 00000	6.4 CITY-ST-ZIP	N. PALM BEACH, FL 33408	

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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Dwight Schneider — x 2-21-95 — 407-626-4765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DWIGHT SCHNEIDER

0048248