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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:16

DOCUMENT # **752441** **(6)**

1. Corporation Name

LANDMARK TOWERS AT SAND KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1230 GULF BLVD CLEARWATER FL 34630	1230 GULF BLVD CLEARWATER FL 34630

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/13/1980**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2033389** ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

CARLSON, T JOANNE
1230 GULF BLVD.
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: T. Joanne Carlson, Manager — T. Joanne Carlson — DATE: 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	~~DUFFY, PATRICIA~~	12 NAME	NORINE LUCAS	
STREET ADDRESS	2196 14TH AVE W	13 STREET ADDRESS	1230 Gulf Blvd #208	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	CLEARWATER, FL 34630	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MEE, JOE	22 NAME		
STREET ADDRESS	1250 GULF BLVD, #806	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	BURRIS, MARY ANN	32 NAME		
STREET ADDRESS	4603 S. FERDINANARD AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	WHIFFEN, PAUL	42 NAME		
STREET ADDRESS	1230 GULF BLVD, #1807	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	~~EGBY, GERI~~	52 NAME	PAMELA ADRAIN	
STREET ADDRESS	1250 GULF BLVD #501	53 STREET ADDRESS	120 HICKORY CREEK BLVD.	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	~~BRANDON, FL 33511~~	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Norine E Lucas — 4/10/95 — 596-2329
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Norine E Lucas, Vice President

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