

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 752441 (6)

1. Corporation Name

LANDMARK TOWERS AT SAND KEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1230 GULF BLVD
CLEARWATER FL 34630

Mailing Address

1230 GULF BLVD
CLEARWATER FL 34630

3. Date Incorporated or Qualified
05/13/1980

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, T JOANNE
1230 GULF BLVD.
CLEARWATER FL 34630

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 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 T. Joanne Carlson

Signature, typed 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 VP ☒ DELETE
NAME DUFFY, PATRICIA
STREET ADDRESS 2196 14TH AVE W
CITY-ST-ZIP LARGO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MEE, JOE
STREET ADDRESS 1250 GULF BLVD, #806
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME BURRIS, MARY ANN
STREET ADDRESS 4603 S FERDINAND AVE.
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME PD
3.3 STREET ADDRESS NORINE LUCAS
3.4 CITY-ST-ZIP 1230 GULF BLVD #208
CLEARWATER, FL 34630

TITLE T ☐ DELETE
NAME WHIFFEN, PAUL
STREET ADDRESS 1230 GULF BLVD, #1807
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VP
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME ESPY, GRI
STREET ADDRESS 1250 GULF BLVD #501
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME S
5.3 STREET ADDRESS PAMALA ARAIN
5.4 CITY-ST-ZIP 120 HICKORY CREEK BLVD
BRANDON, FL 33511

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME TD
6.3 STREET ADDRESS WILLIAM LEVITT
6.4 CITY-ST-ZIP 1250 GULF BLVD #708
CLEARWATER, FL 34630

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)(k), 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:

WILLIAM LEVITT, TREASURER

1/25/96 (813) 596-9032

Date

Daytime Phone #

CR2E037 (12/95)