

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34630-2747

3. Date Incorporated or Qualified

05/13/1980

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2033389

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 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

Signature, typed or printed name of registered agent and title if applicable.

T. Joanne Carlson, Manager

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEVITT, WILLIAM	
STREET ADDRESS	1250 GULF BLVD, # 708	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEE, JOE	
STREET ADDRESS	1250 GULF BLVD, #806	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCAS, NORINE	
STREET ADDRESS	1230 GULF BLVD, # 208	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHIFFEN, PAUL	
STREET ADDRESS	1230 GULF BLVD, #1807	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ARAIN, PAMELA	
STREET ADDRESS	120 HICKORY CREEK BLVD	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT ALLI	
1.3 STREET ADDRESS	1230 GULF BLVD, #1507	
1.4 CITY-ST-ZIP	CLEARWATER, FL.	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NORINE LUCAS	
2.3 STREET ADDRESS	1230 GULF BLVD, #208	
2.4 CITY-ST-ZIP	CLEARWATER, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAROLD O'LEARY	
3.3 STREET ADDRESS	719 PALMORE COURT	
3.4 CITY-ST-ZIP	LAKE LAND, FL. 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S	
4.2 NAME	DENNIS REGAN	
4.3 STREET ADDRESS	1250 GULF BLVD # 201	
4.4 CITY-ST-ZIP	CLEARWATER, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	WILLIAM LEVITT	
5.3 STREET ADDRESS	1250 GULF BLVD, #708	
5.4 CITY-ST-ZIP	CLEARWATER, FL.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

Robert Alli, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-14-97 Daytime Phone # 0067833

CR2E037 (9/96)