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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719641

1. Corporation Name

LANDS END CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
**44 YACHT CLUB DR
NORTH PALM BEACH FL 33408**

1 2 4 8 7
124087-90008-19



| | | | | | |
|---|--|---------------------------|--|---|--|
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 11/05/1970 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-1372937 | |
| City & State 23 | | City & State 28 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 | | Country 25 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent HUEY, JESSELYNN 36 YACHT CLUB DRIVE, #205 NORTH PALM BEACH FL 33408 | | | | 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLD, IRVIN | 1.2 NAME | RICHARD DOYON |
| STREET ADDRESS | 36 YACHT CLUB #301 | 1.3 STREET ADDRESS | 44 YACHT CLUB DR. # 608 |
| CITY-ST-ZIP | N PALM BCH FL 33408 | 1.4 CITY-ST-ZIP | N. PALM BEACH, FL 33408 |
| TITLE | VO <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FITZGERALD, KEITH | 2.2 NAME | MICHAEL SMITH |
| STREET ADDRESS | 36 YACHT CLUB DRIVE, #503 | 2.3 STREET ADDRESS | 36 YACHT CLUB DR. # 605 |
| CITY-ST-ZIP | NORTH PALM BEACH FL | 2.4 CITY-ST-ZIP | N. PALM BEACH, FL 33408 |
| TITLE | TD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KENALL, RICHARD | 3.2 NAME | RICHARD HINTON |
| STREET ADDRESS | 36 YACHT CLUB DR., #204 | 3.3 STREET ADDRESS | 36 YACHT CLUB DR # 602 |
| CITY-ST-ZIP | N PALM BEACH FL | 3.4 CITY-ST-ZIP | N. PALM BEACH, FL 33408 |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUEY, JESSELYNN | 4.2 NAME | CYNTHIA WATTS |
| STREET ADDRESS | 36 YACHT CLUB DR., #205 | 4.3 STREET ADDRESS | 36 YACHT CLUB DR. # 604 |
| CITY-ST-ZIP | NORTH PALM BEACH FL | 4.4 CITY-ST-ZIP | N. PALM BEACH, FL 33408 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | RICHARD KENALL |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 36 YACHT CLUB DR # 204 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | N. PALM BEACH, FL 33408 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE: *RICHARD HINTON* 1-26-99 561-625-2280

CR2E037 (11/98)