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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
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DOCUMENT # 752441

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 33767
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/13/1980
22 City & State	27 City & State	4. FBI Number
23 Zip	28 Zip	59-2033389
24 Country	29 Country	5. Certificate of Status Desired <input type="checkbox"/>
	30	\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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 CHRIS SORNICKE LCM 82 Street Address (P.O. Box Number is Not Acceptable) 1230 GULF BLVD 83 84 City CLEARWATER FL 85 Zip Code 33767

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIRONIMUS, TOM	1.2 NAME	HARVEY BRILLAT
STREET ADDRESS	1230 GULF BLVD., #408	1.3 STREET ADDRESS	1250 GULF BLVD #706
CITY-ST-ZIP	CLEARWATER FL 33767	1.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, DON	2.2 NAME	JOHN GARDNER
STREET ADDRESS	917 LAKE BROOKER COURT	2.3 STREET ADDRESS	1250 GULF BLVD #1007
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	CLEARWATER FL 33767
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MAST, STEWART	3.2 NAME	
STREET ADDRESS	5710 MARINER ST. #702	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	REGAN, DENNIS	4.2 NAME	
STREET ADDRESS	1250 GULF BLVD. STE 201	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	LEVITT, WILLIAM	5.2 NAME	
STREET ADDRESS	1250 GULF BLVD. STE 708	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY BRILLAT - SECRETARY

1/5/99

727-596-4496

Daytime Phone #

CR2E037 (1/98)