

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90040 023 ****61.25

DOCUMENT # 752441					
1. Entity Name LANDMARK TOWERS AT SAND KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1230 GULF BLVD MANAGEMENT OFFICE CLEARWATER, FL 33767			Mailing Address 1230 GULF BLVD MANAGEMENT OFFICE CLEARWATER, FL 33767 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2033389	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIOU, SUSAN 1230 GULF BLVD MANAGEMENT OFFICE CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name: <u>Brudny & Rabin, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>28100 U.S. Highway 19 North</u> Suite: <u>300</u> City: <u>Clearwater</u> FL Zip Code: <u>33761</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:		<u>Bennett L. Rabin</u>		<u>2/9/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, BONNIE 16108 BELLE MEADE BLVD ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer, Director Arlene Musselwhite 1230 Gulf Boulevard, #1202 Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MURPHY, MICHAEL 3911 OBISPO ST TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President, Director Dennis Regan 1230 Gulf Boulevard, #201 Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARUSO, VINCENT 1230 GULF BLVD # 807 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Francine Occhipinti 1230 Gulf Boulevard, #1603 Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAPPER, JOE 1250 GULF BLVD #1008 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph Wetzel 1230 Gulf Boulevard, #1908 Clearwater, FL 33767	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD FLEAGLE, ELAINE 1230 GULF BLVD # 1408 CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bonnie Myers 597 Sienna Drive Kissimmee, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		<u>2/24/04</u>		<u>727-596-4496</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	