

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90337 022 ****96.25

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

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2033389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILSON, SHARON
1230 GULF BLVD
CLEARWATER BEACH FL 33767~~

Name **TRISHA MAHER**
Street Address (P.O. Box Number is Not Acceptable)
1230 GULF BLVD
MANAGER'S OFFICE
City **CLEARWATER** FL Zip Code **33767**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **T** ☐ Delete
NAME **MUSSELWHITE, ARLENE**
STREET ADDRESS **1230 GULF BLVD. #1202**
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MUSSELWHITE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **BARBER, JAY**
STREET ADDRESS **1250 GULF BLVD # 701**
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **VPD** ☒ Change ☒ Addition
NAME **BOB PANNY**
STREET ADDRESS **1230 GULF BLVD #502**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **SD** ☒ Delete
NAME **OCCHIPINTI, FRANCINE**
STREET ADDRESS **1230 GULF BLVD, #1603**
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **SD** ☒ Change ☒ Addition
NAME **DENNIS REGAN**
STREET ADDRESS **1250 GULF BLVD #201**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **P** ☐ Delete
NAME **WETZEL, JOSEPH**
STREET ADDRESS **1230 GULF BLVD, #1908**
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE **SECRETARY** ☒ Change ☒ Addition
NAME **WETZEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PETERS, TERRY**
STREET ADDRESS **15533 SYDNEY RD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☒ Change ☒ Addition
NAME **LEE CONNELLY**
STREET ADDRESS **4412 QUAIL HOLLOW RD**
CITY-ST-ZIP **FORT WORTH, TX 76133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Arleene Musselwhite, Pres

3/30/06 727-595-7760