2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/21

FILED
May 20, 2008 8:00 am
Secretary of State
04-21-2008 90107 007 ****61.25

DOCUMENT # N07000000610

1. Entity Name
THE LANDMARK AT THE GARDENS CONDOMINIUM ASSOCIATION, INC.

66011102

Principal Place of Business	Mailing Address
5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484

04172008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3600 GARDENS PKWY	3600 GARDENS PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens FL	City & State: Palm Beach Gardens FL
Zip: 33410 Country	Zip: 33410 Country

4. FEI Number: 20-829-7996 ☐ 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
POLIAKOFF, GARY A J.D. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEINBERG, ANDREW 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KAMINSKY, EDDIE 3610 GARDENS PARKWAY # 1005 Palm Beach GARDENS, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP SWARTZ, RICHARD 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST AXELROD, MICHAEL 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Andrew Steinberg 4/17/08 561-401-3615
SIGNATURE AND TYPED OR PRINTED NAME OF ASKING OFFICER OR DIRECTOR — Date — Daytime Phone #