

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747219

**FILED  
Apr 10, 2018  
Secretary of State  
CC7901282801**

**Entity Name:** LANDMARK TOWNHOUSES CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business:**

FIRST CHOICE PROPERTY MANAGEMENT  
1489 W. PALMETTO PARK RD. SUITE 500  
BOCA RATON, FL 33486

**Current Mailing Address:**

FIRST CHOICE PROPERTY MANAGEMENT  
1489 W. PALMETTO PARK RD SUITE 500  
BOCA RATON, FL 33486 US

**FEI Number: 59-1944358**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LIPPMAN, STEVE  
FIRST CHOICE PROPERTY MANAGEMENT GROUP  
1489 W. PALMETTO PARK RD. SUITE 500  
BOCA RATON, FL 33486 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           OSMAN, OMAR  
Address        1489 W. PALMETTO PARK RD.  
                  SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title           PRESIDENT  
Name           NICHOLSON, THOMAS  
Address        1489 W. PALMETTO PARK RD.  
                  SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title           VP  
Name           MARINO, ALBERT  
Address        1489 W. PALMETTO PARK RD.  
                  SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title           SECRETARY  
Name           IVANKOVIC, IRMA  
Address        1489 W. PALMETTO PARK RD.  
                  SUITE 500  
City-State-Zip: BOCA RATON FL 33486

Title           DIRECTOR  
Name           SCHNABEL, SONNY S.  
Address        1489 W. PALMETTO PARK RD.  
                  SUITE 500  
City-State-Zip: BOCA RATON FL 33486

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS NICHOLSON**

**PRESIDENT**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date