

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006712

Entity Name: THE LANDMARK CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.**FILED**
Jan 16, 2019
Secretary of State
7201739056CC**Current Principal Place of Business:**1331 1ST STREET NORTH
MANAGEMENT OFFICE
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**6620 SOUTHPOINT DR S
STE 610
JACKSONVILLE, FL 32216 US**FEI Number: 22-3870483****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**RONSMAN, EDWARD
111 SOLANA RD
STE B
PONTE VEDRA BEACH, FL 32082 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: EDWARD RONSMAN****01/16/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	HANSON, ELAINE
Address	6620 SOUTHPOINT DR S STE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	FLOWERS, GRACE
Address	6620 SOUTHPOINT DR S STE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	DIRECTOR
Name	LEWIS, MARLA
Address	6620 SOUTHPOINT DR S STE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	TITCOMB, DON
Address	6620 SOUTHPOINT DR S STE 610
City-State-Zip:	JACKSONVILLE FL 32216

Title	VP
Name	ROSEN, MICHAEL
Address	6620 SOUTHPOINT DR S STE 610
City-State-Zip:	JACKSONVILLE FL 32216

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: DON TITCOMB**PRESIDENT****01/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date