

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07078

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**9315593631CC**

**Entity Name:** LANDMARK AT POINTE WEST CONDOMINIUM ASSOCIATION,INC.

**Current Principal Place of Business:**

1001 RIVERSIDE DRIVE  
SUITE 200  
PALMETTO, FL 34221

**Current Mailing Address:**

1001 RIVERSIDE DRIVE  
SUITE 200  
PALMETTO, FL 34221 US

**FEI Number: 59-2837229**

**Certificate of Status Desired: No**

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

HELM, KELLY  
1001 RIVERSIDE DRIVE  
SUITE 200  
PALMETTO, FL 34221 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: KELLY HELM**

**04/29/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           DEMAREST, TERRY  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           ISREL, RENEE  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

Title           SECRETARY  
Name           RAWLINGS, ROD  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

Title           VP  
Name           MORRIS, JEANETTE  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           HALL, ROSS  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

Title           TREASURER  
Name           ARROYO, SANDY  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           MCCARTHY, MICHAEL  
Address        1001 RIVERSIDE DRIVE  
                  SUITE 200  
City-State-Zip: PALMETTO FL 34221

*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: TERRY DEMAREST**

**PRESIDENT**

**04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date