AMENDED FOR PROFIT CORPORATION

UNIFORM BUSINESS RÈPORT (UBR)

FILED Mar 11, 2002 8:00 am Secretary of State

DOCUMENT # 334700		1					
FLORIDA LANDMARK COMMU	NITIES, INC.	9					
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLAHASSEE, FLORING				
2. Principal Place of Business 3. Mailing Address			•				
226 E. Joel Blvd. Suite, Apt. #, etc.	226 E. Joe Suite, Apt. #, etc.	l Blvd.	DO NOT WRITE IN THIS SPACE				
NA City & State	NA City & State		4. FEI Number Applied For				
Lehigh Acres, FL	Lehigh Acr		59-1024709 Not Applicable				
33972 Country US	^{Zip} 33972	Country US	5. Certificate of Status Desired See Required Fee Required				
	مششيدو = يه دياموه يار د الم	Name	7. Name and Address of Current Registered Agent				
			hn A. Natiello s (P.O. Box Number is Not Acceptable)				
in this sp			6 E. Joel Blvd.				
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			high Acres, FL 33972				
8. The above named entity submits this statement for	the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida.				
SIGNATURE NA Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requir	reg when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible	January 1 - Ma	ny 1 Fee is \$150.00					
Tax filing requirement and elects to do so. (See criteria on back)	Amended	l, Fee is \$550.00 UBR is \$61.25 e to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11. OFFICERS AND D	ADDITION						
MAME V Barbara A. Plamb		TITLE (5000051456650 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
EXPERT ADDRESS	26 E. Joel Blvd. ehigh Acres, FL 33972		5000051456650 -03/22/0201025010 *****61.25 *****61.25				
TITLE LENIGN ACTES, FL	339/2	TITLE	0				
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME		TITLE NAME					
STREET ADDRESS CITY-ST-ZIP		STREET AÖDRESS CHY-ST-ZIP	DO NOT WRITE				
TITLE		TITLE	IN THIS SPACE				
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME		TITLE NAME					
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE		TITLE					
NAME CAPTER ADDRESS		NAME	ļ				
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP					
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered. SIGNATURE: JOHN WATIELLOW VP 2/28/02 94/-368-3 14/							
SIGNATURE:	INTED NAME OF SIGNING OFFICER O	A DIRECTOR	Date Davime Phone #				

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2002	UNIFORM	BUSINESS	REPORT	(UBR

1. Entity Nam	MENT # 334700 LANDMARK COMMUNITIES	•							_		
Principal Plac	e of Business	Mailing Address									
226 E. JOEL I LEHIGH ACRE US		226 E. JOEL BLVD. LEHIGH ACRES FL 33972 US									
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.									_
City & Stat		Clly & State			4,	, FEI Number	59-1024709			ot Applicable	
Zip	Country	Zip	Coun	try	5.	. Certificate o	f Status Desired		8.75 Ac ee Requir		
	6. Name and Address of Current (legistered Agent			7.	Name and	Address of New Re	gistered Ag	ent		7
ALATKELL O	IOUN A			Name	<u>.</u>						╛
NATIELLO 226 E. JO				Street A	ddress (P.O.	Box Number	is Not Acceptable)	•			}
	CRES FL 33936										7
				City				FL	Zip Co	de	1
8. The above	named entity submits this statement for	the purpose of changing its	register	d office o	registered s	agent, or both	, in the State of Flor		<u> </u>		1
				• • • • • • • • • • • • • • • • • • • •	.	V - W -	•				
SIGNATURE.	Signature, typed or printed name of registered agent a	nd trie d ancilcable (NOT)	- Bacisters	d Ahear bignati	ure required wher	(reintlation)		DATE			1
9. This seems											┨
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEI						stion Campaign Fina at Fund Contribution			00 May Be		
<u> </u>	ria on back)	Make Check Payab		partmen			<u> </u>				4
11. Tř.	OFFICERS AND (DIRECTORS Delete	12.		[p/ P^	KDDĮ HONS/C	HANGES TO OFFI		TIRECTO:	Addition	15
NAME:	WILLIAM I. LIVINGSTON	C bace	· NAM		} *	44.447	EAR, STES		P 0		6
STREET ADDRESS	226 E. JOEL BLVD.			et address - St-ZiP			FL 32137	,			
TITLE	LEHIGH ACRES FL 33972	₩ Delete	TITLE		T/45				7 Change	Addition	CR2E034 (9/01
NAME	CRANDELL, DONNIE R	gas outlo	RAMI	E	MARSARE	JOEL C	TH RLVD	•		J	
STREET ADDRESS CITY-ST-ZIP	226 E. JOEL BLVD.			et address -st-zi>	ICHIAL	Jour . Ac de S	FL 3397	2.			
TILE	VD	☐ Celete	TITLE						Change	Addition	1
NAME	HOLQUIST, LAURA A	V AUS	HAM	E		S R. FAI	VLKNER E.DR. 57.E.			g.g	
STREET ADDRESS CITY - ST-ZIP	226 E. JOEL BLVD.			et adoress •St•Zi?	POLM	PARST	FL 3213	7			
TITLE	LEHIGH ACRES FL 33972 PD	⊠ Delete	71LE		V		· 26·12	-	☐ Change	Addition	1
NAME	MORRIS, GREGORY M		MAM		RON P	RICE OKPORATI	E DR STE		- : - •	•	
STREET ADDRESS CITY+ST-ZIP	226 E. JOEL BLVD. LEHIGH ACRES FL 33972			et address -st-zip	۱۰		EL 3213				
TITLE	VS	Delete .	771.5		V	COASI			Change	Addition	1
NAME	ALLISON, JANET		NAMI		BRIAN	GREEN E. JOEL	RLVD	·		_	Į.
STREET ADDRESS CITY-ST-ZIP	226 E. JOEL BLVD.			ET ADDRESS -ST-ZIP	226 E	and C	FL 3397	7-7			
TITLE	LEHIGH ACRES FL 33972	Delete	TITLE		V/5	HCKE?	FC 2294		Change	Addition	1
NAME	JOHN A. NATIELLO	T DOING	HAME		/-			•	- v-4 igs		1
STREET ADDRESS CITY-ST-ZIP	226 E. JOEL BLVD. LEHIGH ACRES FL 33972			ET ADDRESS - Śt-zip							
13. I hereby o	certify that the information supplied with	this filing does not qualify for	the exer	nption stat	ted in Section	n 119.07(3)(i)	Fiorida Statutes 1	further certify	that the i	information	1
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that mered to execute this report.	ny signat	ure shelih	ave the same	e legal effect	as if made under or	ath; that I am	an office	r or director	
SIGNAT		STIED HAME OF SIGNING OFFICES	- VIII	<u> </u>	-60	21	5/02	941	-368-3	214/	