


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90274 012 \*\*\*150.00

<b>DOCUMENT # 334700</b> 1. Entity Name FLORIDA LANDMARK COMMUNITIES, INC.	
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Principal Place of Business 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916 US	Mailing Address 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916 US
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40078015



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1024709	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NATIELLO, JOHN A 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LIVINGSTON, WILLIAM I ONE CORPORATE DR STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, CLINTON F III ONE CORPORATE DR STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOLQUIST, LAURA A 4315 METRO PKWY STE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PLAMBECK, BARBARA 4315 METRO PARKWAY, SUITE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS NATIELLO, JOHN A 4315 METRO PARKWAY, SUITE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LUSBY, DAVID ONE CORPORATE DR., STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:** John A. Natiello, VP  4-20-07 239-333-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 334700** Continued

FLORIDA LANDMARK COMMUNITIES, INC.

### Line 10 Continued

TITLE	V
NAME	JOHANNESMEYER, JOHN C. JR
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	AS
NAME	LINEHAN, EILEEN
STREET ADDRESS	ONE CORPORATE DR., STE 3A
CITY-ST-ZIP	PALM COAST, FL 32137-4715
TITLE	TAS
NAME	HORVATH, MARGARET
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916

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### Line 11 Continued

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROTH, JEFFREY H.		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	DVS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUGHES, HEIDI		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAHL, DANIELLE M.		
STREET ADDRESS	ONE CORPORATE DR., STE 3A		
CITY-ST-ZIP	PALM COAST, FL 32137-4715		