


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90002 012 \*\*\*150.00

<b>DOCUMENT # 334700</b>	
1. Entity Name FLORIDA LANDMARK COMMUNITIES, INC.	

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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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40034000



03212008 Chg-P CR2E034 (12/06)

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	VAS NATIELLO, JOHN A 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	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 Natello **JOHN NATIELLO, VP** 3/27/08 239-333-3300  
\_\_\_\_\_  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

# ATTACHMENT

## 40054065

### 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 334700 Continued

FLORIDA LANDMARK COMMUNITIES, INC.

#### Line 10 Continued

TITLE	AS
NAME	DAHL, DANIELLE M.
STREET ADDRESS	ONE CORPORATE DR., STE 3A
CITY-ST-ZIP	PALM COAST, FL 32137-4715
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
TITLE	DV
NAME	ROTH, JEFFREY H.
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	DVS
NAME	HUGHES, HEIDI
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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#### Line 11 Continued

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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