

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED

08 NOV 24 AM 8:55

CLERK OF COURT  
TALLAHASSEE, FLORIDA



10292008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1024709 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # 334700**  
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

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

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  
ROTH, JEFFREY H.  
Street Address (P.O. Box Number is Not Acceptable)  
4315 METRO PARKWAY  
SUITE 500  
City  
FORT MYERS FL Zip Code  
33916

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 Jeffrey H. Roth, VP 11/17/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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	800138238533 11/24/08--01059--007 **61.25	<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 checked="" 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: Jeffrey H. Roth, VP 11/17/08 239-333-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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1. Entity Name

FLORIDA LANDMARK COMMUNITIES, INC. CONTINUED

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DAHL, DANIELLE M. ONE CORPORATE DRIVE, SUITE 3A PALM COAST, FL 32137-4715 <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	AS LINEHAN, EILEEN ONE CORPORATE DRIVE, SUITE 3A PALM COAST, FL 32137-4715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINEHAN, EILEEN L.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS HORVATH, MARGARET 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input checked="" 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	DV ROTH, JEFFREY H. 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS HUGHES, HEIDI 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition