FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **378903** **(9)**

1. Corporation Name
LANDMARK MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
2310 IMMOKALEE ROAD NAPLES FL 33942 US	2310 IMMOKALEE ROAD NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1971

2. Principal Place of Business
21 4933 Tamiami Tr. No., #200
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 34103 25 Country: Collier

2a. Mailing Address
26 4933 Tamiami Tr. No., #200
27 Suite, Apt. #, etc.
28 City & State: Naples, Fl
29 Zip: 34103 30 Country: Collier

4. FEI Number: 59-1321320 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CATALANO, FISHER & BUCKEL, CHARTERED
4001 TAMIAMI TRAIL, NO 404
NAPLES FL 33940

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHISNAND, H SCOTT 2310 IMMOKALEE ROAD NAPLES, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition	4933 Tamiami Tr. No., # 200 Naples, Fl 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WHISNAND, ROY V 2310 IMMOKALEE ROAD NAPLES, FL 00000	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition	4933 Tamiami TR. No., #200 Naples, Fl 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUTLER, POLLY W 2310 IMMOKALEE ROAD NAPLES, FL 00000	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition	4933 Tamiami Tr. No., # 200 Naples, Fl 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHISNAND, JANE A 2310 IMMOKALEE ROAD NAPLES, FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition	4933 Tamiami Tr. No., #200 Naples, Fl 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Polly W. Butler Polly W. Butler 4/8/98