

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90050 035 ***150.00

DOCUMENT # 378903

1. Corporation Name

LANDMARK MANAGEMENT COMPANY, INC.

Principal Place of Business

4933 TAMiami TRAIL NO.
SUITE 200
NAPLES FL 34103
US

Mailing Address

4933 TAMiami TRAIL N
SUITE 200
NAPLES FL 34103
US

DQ NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1971

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 the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

24 Zip Country

27 City & State

28 Zip Country

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

Neil Gregory

82 Street Address (P.O. Box Number is Not Acceptable)

Roetzel & Address

83

850 Park Shore DRive

84 City

Naples, FL

FL

85 Zip Code

34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS WHISNAND, H SCOTT
CITY-ST-ZIP 4933 TAMiami TRAIL N, SUITE 200
NAPLES FL 34103

TITLE ☒ DELETE

NAME CD
STREET ADDRESS WHISNAND, ROY V
CITY-ST-ZIP 4933 TAMiami TRAIL N, SUITE 200
NAPLES, FL 00000 34103

TITLE ☐ DELETE

NAME VD
STREET ADDRESS BUTLER, POLLY W
CITY-ST-ZIP 4933 TAMiami TRAIL N, SUITE 200
NAPLES, FL 00000 34103

TITLE ☐ DELETE

NAME D
STREET ADDRESS WHISNAND, JANE A
CITY-ST-ZIP 4933 TAMiami TRIAL N, SUITE 200
NAPLES, FL 00000 34103

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Polly W. Butler

5/1/99

Daytime Phone #

CR2E034 (1/98)