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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **746268**

1. Corporation Name
LANDMARK PLAZA OFFICE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
400 E MERRITT AVE SUITE A MERRITT ISLAND FL 32953-0492	400 E MERRITT AVE SUITE A MERRITT ISLAND FL 32953-0492

2. Principal Place of Business 21	2a. Mailing Address 26 Ste 830, 779 E. Merritt Island Cswy	3. Date Incorporated or Qualifed 03/16/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Merritt Island, FL	4. FEI Number 59-2139006 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 ~~32953~~ 32952-3309	5. Certifcate of Status Desired ☐ ~~$8.75~~ Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30 Brevard	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, PAUL
~~400 E. MERRITT AVENUET AVE~~
~~SUITE A~~
MERRITT ISLAND FL ~~32953-0492~~

10. Name and Address of New Registered Agent

81 Name Paul Lewis
82 Street Address (P.O. Box Number is Not Acceptable) Ste. 830, 779 E. Merritt Island Cswy
83
84 City Merritt Island FL 85 Zip Code 32953-3309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Paul Lewis (Paul Lewis) 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHURCH, CHARLES WILLIAM		1.2 NAME	
STREET ADDRESS	400 E. MERRITT AVE. #B		1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANDATE,TONY		2.2 NAME	
STREET ADDRESS	400 E MERRITT AVE C		2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLIKEN, ROBERT		3.2 NAME	
STREET ADDRESS	400 E. MERRITT AVE. #F		3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, PAUL		4.2 NAME	
STREET ADDRESS	400 E. MERRITT AVE. #A		4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 617, 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: SIGNATURE PROVIDED Paul Lewis 4/6/99 (407)452-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)