


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

64000385

DOCUMENT # 746268  
1. Entity Name  
LANDMARK PLAZA OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 400 E MERRITT AVENUE SUITE A MERRITT ISLAND, FL 32953-0492 US  
Mailing Address: 3810 MURRELL RD PMB 402 ROCKLEDGE, FL 32955 US

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
Zip: Zip Country: Country



01082004 Chg-NP CR2E037 (10/03)  
4. FEI Number: 59-2139006 Applied For: Not Applicable

6. Name and Address of Current Registered Agent  
LEWIS, PAUL  
PMB 402  
3810 MURRELL RD  
ROCKLEDGE, FL 32955

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

7. Name and Address of New Registered Agent  
Name: Shawn D. Crouch  
Street Address (P.O. Box Number is Not Acceptable): 400 E. Merritt Ave, Ste F  
City: Merritt Island FL Zip Code: 32953

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: *Shawn D. Crouch* DATE: 1/14/04  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004  
9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: SD NAME: CHURCH, CHARLES WILLIAM STREET ADDRESS: 400 E. MERRITT AVE. #B CITY-ST-ZIP: MERRITT ISLAND, FL	<input type="checkbox"/> Delete	TITLE: TD NAME: Shawn D. Crouch STREET ADDRESS: 400 E. Merritt Ave, Ste F CITY-ST-ZIP: Merritt Island, FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: MANDATE, TONY STREET ADDRESS: 300 RAPUETTE CT CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MILLIKEN, ROBERT STREET ADDRESS: 2260 N TROPICAL TR CITY-ST-ZIP: MERRITT ISLAND, FL 32953	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: LEWIS, PAUL STREET ADDRESS: 3810 MURRELL RD #402 CITY-ST-ZIP: ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *Shawn D. Crouch* Date: 1/14/04 Daytime Phone #