

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90136 018 ****70.00

DOCUMENT # 746268

1. Entity Name

**LANDMARK PLAZA OFFICE CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business

**400 E MERRITT AVENUE
SUITE A
MERRITT ISLAND FL 32953-0492
US**

Mailing Address

**779 E MERRITT ISLAND CAUSEWAY
SUITE 830
MERRITT ISLAND FL 32952-3307
US**

10010883



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3810 Murrell Rd.

PMB 402

Rockledge, FL

32955-4756

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2139006**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, PAUL
779 E MERRITT ISLAND CAUSEWAY
SUITE 830
MERRITT ISLAND FL 32952-3307**

7. Name and Address of New Registered Agent

Name **Paul Lewis**

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

PMB 402

3810 Murrell Rd

City **Rockledge**

FL

Zip Code

32955-4756

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

Paul D. Lewis, Jr. **Paul D. Lewis, Jr.** **1-20-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **SD** ☐ Delete
NAME **CHURCH, CHARLES WILLIAM**
STREET ADDRESS **400 E. MERRITT AVE. #8**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **PD** ☐ Delete
NAME **MANDATE, TONY**
STREET ADDRESS **400 E. MERRITT AVE. C**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **VD** ☐ Delete
NAME **MILLIKEN, ROBERT**
STREET ADDRESS **400 E. MERRITT AVE. #F**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **TD** ☐ Delete
NAME **LEWIS, PAUL**
STREET ADDRESS **400 E. MERRITT AVE. #A**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **300 Rapuette, Ct.**
CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **2260 N. Tropical Tr.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **Same** ☒ Change ☐ Addition
NAME **Same**
STREET ADDRESS **3810 Murrell Rd. #402**
CITY-ST-ZIP **Rockledge, FL 32955-4756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul D. Lewis, Jr. **Paul D. Lewis, Jr.** **1-20-03** **321-636-0746**

CR2E037 (10/02)