



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 044 ****61.25

DOCUMENT # 752441 1. Entity Name LANDMARK TOWERS AT SAND KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1230 GULF BLVD MANAGEMENT OFFICE CLEARWATER, FL 33767			Mailing Address 1230 GULF BLVD MANAGEMENT OFFICE CLEARWATER, FL 33767		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40061301 	
City & State		City & State		4. FEI Number 59-2033389	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHER, TRISHA 1230 GULF BLVD. MANAGER'S OFFICE CLEARWATER, FL 33767				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u><i>Trisha Maher</i></u> 3/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P MUSSELWHITE, ARLENE <input type="checkbox"/> Delete 1230 GULF BLVD. #1202 CLEARWATER BEACH, FL 33767			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REGAN, DENNIS <input checked="" type="checkbox"/> Delete 1250 GULF BLVD, # 201 CLEARWATER BEACH, FL 33767			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PANNY, BOB 1230 GULF BLVD # 502 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELTZEL, JOSEPH <input type="checkbox"/> Delete 1230 GULF BLVD, #1908 CLEARWATER BEACH, FL 33767			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELLY, LEE <input checked="" type="checkbox"/> Delete 4412 QUAIL HOLLOW RD FORT WORTH, TX 76133			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UPD CONNELLY, LEE 4412 QUAIL HOLLOW RD FORT WORTH, TX 76183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PANNY, BOB <input checked="" type="checkbox"/> Delete 1230 GULF BLVD, # 502 CLEARWATER BEACH, FL 33767			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D PHYLLIS BARRINGER 6913 AQUEDUCT TERRACE ODessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Arleene Musselwhite</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/28/2007 727-596-4496 <small>Date Daytime Phone #</small>	