


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

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90067 037 ****61.25

DOCUMENT # 752540 1. Entity Name LANDMARK CONDOMINIUM ASSOC, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4511 S.E. 6th PL Suite, Apt. #, etc. #106		3. Mailing Address 4511 S.E. 6th PL Suite, Apt. #, etc. #106	
City & State CAPE CORAL, FL Zip 33904 Country LEE		City & State CAPE CORAL, FL Zip 33904 Country LEE	
4. FEI Number 59-20006641		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name XXXXXXXXXXXX ULLA CHEHAB			
Street Address (P.O. Box Number is Not Acceptable) 4511 S.E. 6th PL #106			
18100 SW 11th St			
City CAPE CORAL		FL Zip Code 33904	
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 <i>X Ulla Chehab</i>		SEC/TRES	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 3-06-06		DATE	
FEE IS \$61.25 Initial or Amended UBR		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DONALD C. KISABETH 4511 S.E. 6th PL #105 CAPE CORAL FL, 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARGHERITE PIERCE 4511 S.E. 6th PL #101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES ULLA CHEHAB 4511 S.E. 6th PL #106 CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>X Ulla Chehab</i>		SEC/TRES	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/06/06	
Daytime Phone # 239-549-5672		Daytime Phone #	

CR2E037B (12/02)