03-05-2007 90063 027 ****61.25
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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
07 MAR 15 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752540

1. Entity Name
LANDMARK CONDOMINION ASSOC, INC.

DO NOT WRITE IN THIS SPACE

40029798
DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4511 S.E. 6th Pl	4511 S.E. 6th Pl
Suite, Apt. #, etc. #106	Suite, Apt. #, etc. #106
City & State CAPE CORAL FL.	City & State CAPE CORAL, FL
Zip 33904 Country LEE	Zip 33904 Country LEE

4. FEI Number 59-200 6641 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ULLA CHEHAB

Street Address (P.O. Box Number is Not Acceptable) 4511 S.E. 6th PL. #106

1840 Coral Way, 4th Floor

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 X _____ SEC / TRES 3-1-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PRESIDENT	TITLE	
NAME	DONALD C. KISABETH	NAME	
STREET ADDRESS	4511 S.E. 6th PL #105	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL. 33904	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	MARGUERITE PIERCE	NAME	
STREET ADDRESS	4511 S.E. 6th PL #104	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SEC / TRES	TITLE	
NAME	ULLA CHEHAB	NAME	
STREET ADDRESS	4511 S.E. 6th PL #106	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	CAPE CORAL FL. 33904	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME	—	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	—	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME	—	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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: X Ulla Chehab SEC/TRES 3-1-07 239-549-9574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #