26     SUIte, Apt. #, etc.			VET	RTMENT OF STATE B. Mortham Iry of State C CORPORATIONS	Sandra Secreta		NONPROFIT DRPORATION NUAL REPORT <b>1996</b>	. COR ANNU
LANDMARK SOUTH CONDOMINIUM ASSOCIATION, INC.  Aling Address A West Kerneby Burb Houtsweet House and Address Ad					(5)	754657	JMENT #	ocul
Open Place of Business     Making Address       # WEST KENNEDY BLVD HOLTSINGER INC BOX 22332     404 WEST KENNEDY BLVD HOLTSINGER INC DO BOX 22532     3. Date proprograd of Qualified     3e. Date of Last R       * HREST KENNEDY BLVD HOLTSINGER INC BOX 22532     2a. Maling Address     4. FEI Number Sole     3. Date proprograd of Qualified     3e. Date of Last R       * HREST KENNEDY BLVD HOLTSINGER INC BOX 22532     2a. Maling Address     4. FEI Number Sole     4. FEI Number Sole     4. FEI Number Sole     3e. Date of Last R       * Div & State     2a. Maling Address     4. FEI Number Sole     5. Certificate of Status Desired     55.00 Sole       * Div & State     2a     Sole     5. Sole     5. Certificate of Status Desired     55.00 Sole       * Div & State     2a     Country     70     6. Exocino Controlution     Address       * Div & State     2a     30     90     90     90     90       * Div & State     2a     2a     Country     8. The comparison has tability for inampibe tax unders i Portido Status     Yes No     No       * Div & KENNEDY BLVD     2a     30     90     90     90     FL     No       * TAMPA FL 33609     90     90     90     90     90     90     90     90       * Portido Status     10. Name and Address of New Registered Agent or registeried Agent, or boin		AAN ANAN ANAN ANAN ANAN AM		•	ASSOCIATION, INC	CONDOMINIUM		
BOX 2282       PO BOX 2282         IVAPA FL 33622         TAMPA FL 33622         Timper Place of Business         2a. Maling Address         2b. Maling Address         2c. Maling Address         2a. Maling Address         2b. Maling Address         2c. Maling Address         2b. Maling Address         2c. Country         2c. Country         2c. Country         2c. Div & State         2c. Country         2c. Country         2c. Div & State         2c. Country         2c. Div & State         2c. Street Address of New Registered Agent         10. Name and Address of New Registered Agent         11. Name         2c. Street Address (PO. Bax Number is Not Acceptiable)         3d         4d         City         2c. Street Address (PO. Bax Number is Not Acceptiable)         3d <t< th=""><th></th><th></th><th></th><th></th><th>Mailing Address</th><th></th><th>ace of Business</th><th>cipal Place</th></t<>					Mailing Address		ace of Business	cipal Place
Imposed Place of Business       2a. Mailing Address       4. FEL Number       An         Suite, Apt. #, etc.       2a       Suite, Apt. #, etc.       5. Certificate of Status Desired       58.75         Any & State       Chry & State       6. Election Cempaign Financing       \$8.75         And       2a       Country       2a       State       6. Election Cempaign Financing       \$8.76         And Address of Country       2a       2a       Country       8. The corporation has tability for intangible fax unders. I hord Scattures       Notes       Name and Address of New Registered Agent       Name				LVD HOLTSINGER INC	PO BOX 22582	ltsinger inc	2582	BOX 2258
Suite, Apt. #, etc	Report 995	3e. Date of Last F 01/27/19						
27       6. Cerimication Statutes Desired       Fee Rid         28       Country       28       Country       29         40       Country       29       20       Country       8. This corporation has lability for inlangible fau unders. 1         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         1URNER, JOAN H       4044 W KENNEDY BLVD       82       Street Address (P.O. Box Number is Not Acceptable)         4044 W KENNEDY BLVD       83       Street Address (P.O. Box Number is Not Acceptable)       82         Puriagent to the provisions of Sectoria 617.0502 and 617.1508. Florida Statutes       10. Name and Address (P.O. Box Number is Not Acceptable)       82         Puriagent to the provisions of Sectoria 617.0502 and 617.1508. Florida Statutes       10. Name and corporation submits this statement for the propose of changing its regenered a familiar with, and accept the oblgations of, Sectoria 617.0503. Florida Statutes       100111       110111         Brandarit with, and accept the oblgations of, Sectoria 617.0503. Florida Statutes       110111       P/ EVD       101111         Brandarit with, and accept the oblgations of, Sectoria 617.0503. Florida Statutes       1001110NS/CHANGES TO OFFICERS AND DIFECTORS       13.         14006855       34.04 MCKAY AVE       13.       13.0404 MCKAy AVE.       13.0404 MCKAy AVE. <td>Applied For Not Applicable</td> <td></td> <td>4. FEI Number 59-0969126</td> <td></td> <td></td> <td></td> <td>Place of Business</td> <td>rincipal Pl</td>	Applied For Not Applicable		4. FEI Number 59-0969126				Place of Business	rincipal Pl
ip       Country       Zip       Country       Trust Fund Contribution       Added         ip       Country       Zip       Country       8. This corporation has lability for inlangible tax unders. Information is lability for	Additional Required		5. Certificate of Status Desired				ot. #, etc.	uite, Apt.
IP       Country       Zp       Country       8. This corporation has liability for intangible tax under s. 1         IP       Zg       30       IP       Fonda Statutes       Ves       No         IVENEE, JOAN H       10. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent         IVENEE, JOAN H       4044 W KENNEDY BLVD       81       Name         IVENEE, JOAN H       4044 W KENNEDY BLVD       83         IAMPA FL 33609       84       City       FL       85       Zip         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Submit ces to both, in the State of Florida. Submit ces to both, in the State of Florida. Submit ces to both its corporation 617.0503, Florida Statutes.       Potte corporation's board of directors. Thereby accept the appointment as registered agent indicates of Potte Address and Diffectors.       Date         IPUTHE       TURNER, JOAN H       111111       P/EVD       Date         IPUTHE       111111       P/EVD       IPUTHERS AND DIFECTORS       Date         IPUTHE       111111       P/EVD       IPUTHERS AVE.	O May Be d to Fees	<b>\$5.00</b>			City & State		ate	ity & State
S. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name     10. Name and Address of New Registered Agent     10. Name     10. Nam		ntangible tax under s. 1	8. This corporation has liability for	h	Zıp	Country		
TURNER, JOAN H       4044 W KENNEDY BLVD         TAMPA FL 33609       83         84       City       FL       85       Zip 1         Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered a familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.         VATURE       Spatare, type of petited rame of negistered agent and the Plaquades.       NOTE Registered Agent dependence of very second the obligations of, Section 617.0503, Florida Statutes.         VATURE       Spatare, type of petited rame of negistered agent and the Plaquades.       NOTE Registered Agent dependence of the obligations of, Section 617.0503, Florida Statutes.         VATURE       Spatare, type of petited rame of negistered agent and the Plaquades.       NOTE Registered Agent dependence of the obligations of, Section 617.0503, Florida Statutes.         VATURE       Spatare, type of petited rame of negistered agent and the Plaquades.       NOTE Registered Agent dependence of the obligation of the period agent of negistered agent and the Plaquades.       NOTE Registered Agent dependence of the obligation of the obligation of the period agent of negistered ag	<b>.</b>	egistered Agent	10. Name and Address of New F	A1 Name	egistered Agent	Address of Current R	9. Name and a	
OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR         EVD       DELETE       1.1 TITLE       P / EVD       Change         TURNER, JOAN H       3404 MCKAY AVE       1.3 STREET ADDRESS       3404 MCKAY AVE.       Turner, Joan H.         3404 MCKAY AVE       1.3 STREET ADDRESS       3404 MCKAY AVE.       Tampa, Fl 33609       Delette         PD       It citry-SI-ZIP       Tampa, Fl 33609       Delette       Change         HOLTSINGER, CHRISTINE L       22 NAME       Fowler, LeRoy       343 Waller Ave. Suite 208         SI-ZIP       TAMPA, FL 00000       23 STREET ADDRESS       343 Waller Ave. Suite 208         SI-ZIP       TAMPA, FL 00000       24 CITY-SI-ZIP       Lexington, Ky 40504         VD       DELETE       31 TITLE       Change         I ADDRESS       SI-ZIP       JOELETE       31 TITLE         I ADDRESS       SI-3000       24 CITY-SI-ZIP       Lexington, Ky 40504         VD       DELETE       31 TITLE       Change         I ADDRESS       SI-ZIP       32 NAME       33 STREET ADDRESS         SI-ZIP       DAVIS, BETTIE H.       33 STREET ADDRESS       Change         I ADDRESS       3103 W. OAKLYN AVENUE       33 STREET ADDRESS       Change	p Code registered offk I agent. I am	FL	ation submits this statement for the pu d of directors. I hereby accept the app	a the store store and s	Such change was authorize	in the State of Florida.	tered agent, or both, with, and accept the	or register lamiliar wi
TURNER, JOAN H       12 NAME       Turner, Joan H.         3404 MCKAY AVE       13 STREET ADDRESS       3404 MCKay Ave.         TAMPA, FL 00000       14 CITY-SI-ZIP       Tampa, Fl 33609         PD       12 NAME       12 NAME         HOLTSINGER, CHRISTINE L       21 TITLE       D         3405 MULLEN AVE       23 STREET ADDRESS       343 Waller Ave. Suite 208         SI-ZIP       TAMPA, FL 00000       23 STREET ADDRESS       343 Waller Ave. Suite 208         SI-ZIP       TAMPA, FL 00000       24 CITY-SI-ZIP       Lexington, Ky 40504         VD       DELETE       31 TITLE       Change         DAVIS, BETTIE H.       31 STREET ADDRESS       34 CITY-SI-ZIP       Lexington, Ky 40504         1 ADDRESS       TAMPA FL       31 STREET ADDRESS       31 STREET ADDRESS         S1-ZIP       DAVIS, BETTIE H.       31 STREET ADDRESS       32 NAME         3103 W. OAKLYN AVENUE       33 STREET ADDRESS       34 CITY-SI-ZIP         I ADDRESS       TAMPA FL       34 CITY-SI-ZIP       Change         I ADDRESS       ACITY-SI-ZIP       Change       Change         I ADDRESS       TAMPA FL       Change       Change         I ADDRESS       STREET ADDRESS       34 STREET ADDRESS       Change <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
1 ADDRESS       3404 MCKAY AVE       1.3 STREET ADDRESS       3404 MCKAY AVE.         TAMPA, FL 00000       1.4 CITY-ST-ZIP       Tampa, F1 33609         PD       Image: PD       Image: PD         HOLTSINGER, CHRISTINE L       22 NAME       Fowler, LeRoy         3405 MULLEN AVE       23 STREET ADDRESS       343 Waller Ave. Suite 208         ST-ZIP       TAMPA, FL 00000       Image: PD       Image: PD         VD       Image: PD       Image: PD       Image: PD         Image: PD       Image: PD       Image: PD       Image: PD         VD       Image: PD       Image: PD       Image: PD         Image: PD       Image: PD       Imag	RS IN 12				IRECTORS		Signature, typed or printe	
PD       PD       PI       Change         HOLTSINGER, CHRISTINE L       21 TILE       D       Change         3405 MULLEN AVE       23 STREET ADDRESS       343 Waller Ave. Suite 208         SI-ZIP       TAMPA, FL 00000       24 CITY-ST-ZIP       Lexington, Ky 40504         VD       DELETE       31 TILE       D Change         DAVIS, BETTIE H.       3103 W. OAKLYN AVENUE       33 STREET ADDRESS       S3 STREET ADDRESS         SI-ZIP       TAMPA FL       34 Street ADDRESS       34 CITY-ST-ZIP         L ADDRESS       TAMPA FL       DELETE       1 TILE         L ADDRESS       ST-ZIP       DELETE       34 Street ADDRESS         SI-ZIP       DELETE       41 TILE       Change         L ADDRESS       ST-ZIP       Change       Change	DRS IN 12	CERS AND DIRECTOP	ADDITIONS/CHANGES TO OFF	13. 1.1 TITLE	IRECTORS	OFFICERS AND D	Signature, typed or printe	
HOLTSINGER, CHRISTINE L     22 NAME     Fowler, LeRoy       3405 MULLEN AVE     23 STREET ADDRESS     343 Waller Ave. Suite 208       TAMPA, FL 00000     24 CITY-ST-ZIP     Lexington, Ky 40504       VD     DELETE     31 TITLE       DAVIS, BETTIE H.     3103 W. OAKLYN AVENUE     33 STREET ADDRESS       ST-ZIP     DELETE     31 STREET ADDRESS       TADDRESS     TAMPA FL     Change       TADDRESS     14 DDRESS     34 CITY-ST-ZIP       TAMPA FL     DELETE     11 TITLE       TADDRESS     14 STREET ADDRESS     34 CITY-ST-ZIP       TADDRESS     14 STREET ADDRESS     14 STREET ADDRESS		CERS AND DIRECTOP	ADDITIONS/CHANGES TO OFF P/EVD Turner, Joan H.	13. 1.1 TITLE 1.2 NAME	IRECTORS	OFFICERS AND D	Signature, typed or printe EVD TURNER, JOA 3404 MCKAY	
VD     DELETE     3.1 TILE       DAVIS, BETTIE H.     3103 W. OAKLYN AVENUE       3103 W. OAKLYN AVENUE       TAMPA FL       DELETE       1 ADDRESS       TADDRESS       TADDRESS	Addition		ADDITIONS/CHANGES TO OFF P/EVD Turner, Joan H. 3404 McKay Ave. Campa, Fl 33609	13.       1.1 TITLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP		OFFICERS AND D	Sgnature, typed or printe EVD TURNER, JO/ 3404 MCKAY TAMPA, FL 0	I ADDRESS
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63 STREET ADDRESS     63 STREET ADDRESS       61 CITY-ST-ZIP     64 CITY-ST-ZIP       1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes	Addition	CERS AND DIRECTOF	ADDITIONS/CHANGES TO OFF P/EVD Furner, Joan H. 8404 McKay Ave. Campa, Fl 33609 Fowler, LeRoy 843 Waller Ave. S Lexington, Ky 405 43	13.           1.1 TITLE           1.2 NAME           1.3 STREET ADDRESS           1.4 CITY-ST-ZIP           2.1 TITLE           2.2 NAME           2.3 STREET ADDRESS           2.4 CITY-ST-ZIP           3.1 TITLE           3.2 NAME           3.3 STREET ADDRESS           2.4 CITY-ST-ZIP           3.1 TITLE           3.2 NAME           3.3 STREET ADDRESS           3.4 CITY-ST-ZIP           4.1 TITLE           4.2 NAME           4.3 STREET ADDRESS           4.4 CITY-ST-ZIP           5.1 TITLE           5.2 NAME           5.3 STREET ADDRESS           5.4 CITY-ST-ZIP           5.1 TITLE           5.2 NAME           5.3 STREET ADDRESS           5.4 CITY-ST-ZIP           6.1 TITLE           6.2 NAME	IRECTORS	OFFICERS AND D AN H AVE 00000 I, CHRISTINE L N AVE 0000 E H.	S gracure, typed or printe EVD TURNER, JO/ 3404 MCKAY TAMPA, FL 0 PD HOLTSINGER 3405 MULLER TAMPA, FL 0 VD DAVIS, BETTI 3103 W. OAK TAMPA FL S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP