

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754657 (5)  
1. Corporation Name  
LANDMARK SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
4044 WEST KENNEDY BLVD HOLTSINGER INC 4044 WEST KENNEDY BLVD HOLTSINGER INC  
PO BOX 22582 PO BOX 22582  
TAMPA FL 33622 TAMPA FL 33622

3. Date Incorporated or Qualified 10/16/1980 3a. Date of Last Report 01/27/1995  
4. FEI Number 59-0969126 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, JOAN H  
4044 W KENNEDY BLVD  
TAMPA FL 33609

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVD  
TURNER, JOAN H  
3404 MCKAY AVE  
TAMPA, FL 00000  
TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HOLTSINGER, CHRISTINE L  
3405 MULLEN AVE  
TAMPA, FL 00000  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DAVIS, BETTIE H.  
3103 W. OAKLYN AVENUE  
TAMPA FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE P/EVD ☒ Change ☐ Addition  
1.2 NAME Turner, Joan H.  
1.3 STREET ADDRESS 3404 McKay Ave.  
1.4 CITY-ST-ZIP Tampa, FL 33609  
2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Fowler, LeRoy  
2.3 STREET ADDRESS 343 Waller Ave. Suite 208  
2.4 CITY-ST-ZIP Lexington, Ky 40504  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joan H. Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

Date

Daytime Phone #

CR2E037 (12/95)