

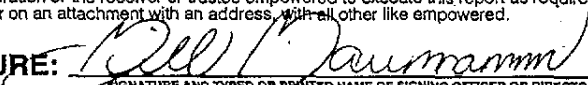


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 765298 1. Entity Name LANDMARK HOLIDAY BEACH RESORT CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 17501 FRONT BEACH RD PANAMA CITY, FL 32413 US		Mailing Address P O BOX 540669 MERRITT ISLAND, FL 32954-0669					
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;">  05042005 No Chg-NP CR2E037 (10/03) </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 59-2079121</td> <td style="padding: 2px; text-align: center;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>		4. FEI Number 59-2079121	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2079121	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F JR. 348 MIRACLE STRIP PKWY STE 7 FORT WALTON BEACH, FL 32548		DO NOT WRITE IN THIS SPACE					
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 _____ <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 September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	D						
NAME	BULL, ROBERT L						
STREET ADDRESS	17501 FRONT BCH RD						
CITY-ST-ZIP	PANAMA CITY, FL 32413						
TITLE	ST						
NAME	MARTIN, BARRY						
STREET ADDRESS	17501 FRONT BCH RD						
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413						
TITLE	D						
NAME	MORRISON, SAM						
STREET ADDRESS	17501 FRONT BCH RD						
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413						
TITLE	P						
NAME	BAUMAN, BILL						
STREET ADDRESS	17501 FRONT BCH RD						
CITY-ST-ZIP	PANAMA CITY, FL 32413						
TITLE	D						
NAME	STOKES, MALCOLM						
STREET ADDRESS	17501 FRONT BCH RD						
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413						
TITLE	VP						
NAME	WAINWRIGHT, MARQUERITE						
STREET ADDRESS	17501 FRONT BCH RD						
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413						
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>					