

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 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**



05242006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2079121

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, ROBERT L 17501 FRONT BCH RD PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARTIN, BARRY 17501 FRONT BCH RD PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, SAM 17501 FRONT BCH RD PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMAN, BILL 17501 FRONT BCH RD PANAMA CITY, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, MALCOLM 17501 FRONT BCH RD PANAMA CITY BCH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAINWRIGHT, MARQUERITE 17501 FRONT BCH RD PANAMA CITY BCH, FL 32413

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05/31/06-80002-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

U Bauman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-06

Date

850-233-1500

Daytime Phone #