



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 767091</b> 1. Entity Name <b>THE LANDINGS SOUTH I CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O D.L. ZIEMAN 5225 HERON WAY SARASOTA, FL 34231 US</b>		Mailing Address <b>C/O D.L. ZIEMAN 5225 HERON WAY SARASOTA, FL 34231 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01062008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2405214</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZIEMANN, D.L. 5225 HERON WAY SARASOTA, FL 34231</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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)</small> DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAVOLGA, WILLIAM N 5223 HERON WAY SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RYDZINSKI, PAUL P.O. BOX 13522 SARASOTA, FL 34277		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, JOAN 5217 HERON WAY SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIEMANN, DENNIS L 5225 HERON WAY SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOST, JACK L 4807 PEREGRINE PT CIR W SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Dennis L. Ziemann, Pres.</i>		1/8/08 (941) 923-0027	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	