

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90200 011 ***150.00

DOCUMENT # H65605

1. Entity Name
LANDMARK COMMUNITIES 52, INC.



Principal Place of Business
**17757 US 19 NORTH
STE 275
CLEARWATER, FL 33764**

Mailing Address
**17757 US 19 NORTH
STE 275
CLEARWATER, FL 33764**

24068540



04242004 No Chg-P CR2E034 (10/03)

4. FEI Number
✓59-2557748

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ARNOLD, LEE E
17757 US 19 NORTH
275
CLEARWATER, FL 33764

ARNOLD, LEE E, JR

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD BROWN, JARED D. 17757 US HWY 19 N STE 325 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMS, MONTE C. 17757 US HWY 19 N STE 325 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HERBERT G. 17757 US HWY 19 N STE 325 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, ROBERT G. 17757 US HWY 19 N STE 325 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, LEE E. 17757 US HWY 19 N STE 325 275 CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JARED D BROWN, PRESIDENT

4-28-04 (727) 443-6488

Date

Daytime Phone #