


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 025 ****61.25

DOCUMENT # N00683	
1. Entity Name	
THE LANDINGS SOUTH II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
C/O ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY PORT ROAD SUITE 118A SARASOTA FL 34231	C/O ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY PORT ROAD SUITE 118A SARASOTA FL 34231

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY PORT ROAD SUITE 118A SARASOTA FL 34231		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
Signature, typed or printed name of registered agent and title if applicable.		

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, MR. LARRY	NAME	GOLDMAN, SHARON
STREET ADDRESS	5247 LANDINGS BLVD.	STREET ADDRESS	5245 LANDINGS BLVD
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	SARASOTA, FL 34231
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PATRICIA R	NAME	
STREET ADDRESS	5277 LANDINGS BLVD	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOHM, RUEDIGER V	NAME	
STREET ADDRESS	1612 PINTAIL WAY	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, ALICE A MS	NAME	
STREET ADDRESS	1664 PINTAIL WAY	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITALNY, ARNOLD MR	NAME	
STREET ADDRESS	1682 PINTAIL WAY	STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34231	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Arnold Spitalny</i>	DATE	DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		