2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00683

City-St-Zip:

FILED Jan 19, 2009 Secretary of State

Entity Name: THE LANDINGS SOUTH II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY PORT ROAD SUITE 118A SARASOTA, FL 34231 **New Mailing Address: Current Mailing Address:** C/O ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY PORT ROAD SUITE 118Å SARASOTA, FL 34231 FEI Number: 59-2446387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARGUS PROPERTY MANAGEMENT, INC. ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY PORT ROAD SUITE 118A 2477 STICKNEY PORT ROAD SARASOTA, FL 34231 US SUITE 118 A SARASOTA, FL 34231 US 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. SIGNATURE: 01/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GOLDMAN, SHARON LAZAROFF, EILEEN Name: Name: 5245 LAUDIPLS BLVD Address: 1698 PINTAIL WAY Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: PD () Delete Title: () Change () Addition BLOHM, RUEDIGER V Name: Name: Address: 1612 PINTAIL WAY Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: () Change () Addition ANTHONY, ALICE A MS Name: Name: 1664 PINTAIL WAY Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: GOLDMAN, SHARON Name: KERZISNIK, SUSAN 5245 LANDIALS BLVD 5245 LANDIALS BLVD Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: () Delete Title: () Change (X) Addition CESTAR, RONALD Name: Name: 1622 PINTAIL WAY Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SARASOTA, FL 34231

SIGNATURE: DEB GIFFORD VP 01/19/2009