

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008725

1. Entity Name

THE ASSOCIATION OF LANDMARK CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

2100 WEST BEACH DRIVE
PANAMA CITY FL 32401

2100 WEST BEACH DRIVE
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0040622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LONDONO, JACK
2100 WEST BEACH DRIVE
PANAMA CITY FL 32401

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONDONO, JACK 2100 WEST BEACH DRIVE PANAMA CITY FL 32401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONDONO, NOHRA 2100 WEST BEACH DRIVE PANAMA CITY FL 32401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUGGS, JANET 2100 WEST BEACH DRIVE PANAMA CITY FL 32401	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cindy ARMSTRONG 2100 West Beach Drive Panama City - FL 32401	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 352 37100576

Date

Daytime Phone #

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90419 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)