
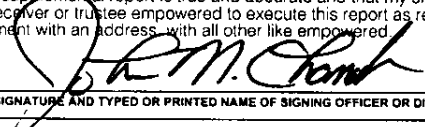


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 025 \*\*\*\*61.25

<b>DOCUMENT # N01000008725</b> 1. Entity Name <b>THE ASSOCIATION OF LANDMARK CONDOMINIUM, INC.</b>					
Principal Place of Business <b>2100 WEST BEACH DRIVE PANAMA CITY, FL 32401</b>			Mailing Address <b>2100 WEST BEACH DRIVE PANAMA CITY, FL 32401</b>		
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	4. FEI Number <b>26-0040622</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GORMAN, DEREK L 2100 W BEACH DRIVE PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name <b>LEXA DOWLING</b> Street Address (P.O. Box Number is Not Acceptable) <b>2100 W BEACH DR.</b> City <b>Panama City</b> FL Zip Code <b>32401</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 <b>LEXA E. DOWLING</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHAMBERS, JOHN <input type="checkbox"/> Delete 2100 W BEACH DRIVE, Q-202 PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIGHT, JAMES D <input type="checkbox"/> Delete 2100 WEST BEACH DRIVE, T-201 PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORMAN, DEREK L <input checked="" type="checkbox"/> Delete 2612 LUCERNE DRIVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brett Lovc <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2100 W. Beach Dr. E202 PANAMA City, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOLKES, JAMES <input checked="" type="checkbox"/> Delete 2100 W BEACH DRIVE, S-101 PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAY Seitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2100 W. Beach Dr. U 101 PANAMA City, FL 32401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, PENNY <input checked="" type="checkbox"/> Delete 2100 W BEACH DRIVE, T-101 PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Lexa Dowling <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 195 N. Oates St Dothan, AL 36803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			7/11/08 <b>850 867-6316</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		