


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006149</b>	
1. Entity Name <b>HOMEOWNER'S ASSOCIATION OF LANDMARK RANCH ESTATES, INC.</b>	

Principal Place of Business <b>13190 STIRLING RD SW RANCHES, FL 33330</b>	Mailing Address <b>13190 STIRLING RD SW RANCHES, FL 33330</b>
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**DO NOT WRITE IN THIS SPACE**



03092006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>51-0422736</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEGAL INFORMATION SERVICES, INC.  
2500WESTON ROAD, SUITE 404  
WESTON, FL 33331**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000493014 04/19/06-80086-024 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BELL, RICHARD 13190 STIRLING RD SW RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NUDELMAN, JEFF 13190 STIRLING RD SW RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COHEN, MARSHALL 13190 STIRLING RD SW RANCHES, FL 33330
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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.

SIGNATURE: W. M. Marshall, V.P. MARSHALL N. COHEN 3/27/06 954-684-0454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #