

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02594** (2)

1. Corporation Name
THE LANDINGS RACQUET CLUB, INC.

Principal Place of Business: **5350 LANDING BLVD SARASOTA FL 34231**
Mailing Address: **5350 LANDING BLVD SARASOTA FL 34231**



3. Date Incorporated or Qualified: **04/17/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: **59-2847526**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GREENFIELD, ROBERT
1650 LANDINGS BLVD.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent
81. Name: **MARVIN GINSBURG**
82. Street Address (P.O. Box Number is Not Acceptable): **5268 HERON WAY**
83. City: **SARASOTA**
84. State: **FL**
85. Zip Code: **34231**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GREENFIELD, ROBERT		1.2 NAME: GREENFIELD, ROBERT	
STREET ADDRESS: 1650 LANDINGS BLVD.		1.3 STREET ADDRESS: 1650 LANDINGS BLVD.	
CITY-ST-ZIP: SARASOTA FL		1.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: DT	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CAPO, ROBERT		2.2 NAME: _____	
STREET ADDRESS: 1724 STARLING DR.		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: SARASOTA FL		2.4 CITY-ST-ZIP: _____	
TITLE: DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KUERSCHNER, WALTER		3.2 NAME: GOODWILL, ROY	
STREET ADDRESS: 5408 EAGLES PT. CIR.		3.3 STREET ADDRESS: 5098 KESTRAL PKWY. S.	
CITY-ST-ZIP: SARASOTA FL		3.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: DS	<input type="checkbox"/> DELETE	4.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GINSBURG, MARVIN		4.2 NAME: GINSBURG, MARVIN	
STREET ADDRESS: 5268 HERON WAY		4.3 STREET ADDRESS: 5268 HERON WAY	
CITY-ST-ZIP: SARASOTA FL		4.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JAY, JOAN		5.2 NAME: DAVIS, DONALD	
STREET ADDRESS: 1609 STARLING DRIVE		5.3 STREET ADDRESS: 1741 LANDINGS WAY	
CITY-ST-ZIP: SARASOTA FL		5.4 CITY-ST-ZIP: SARASOTA, FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KUERSCHNER, WALTER		6.2 NAME: NEWMAN, MARILYN	
STREET ADDRESS: 5408 EAGLES' POINTE CIR.		6.3 STREET ADDRESS: 5230 LANDINGS BLVD.	
CITY-ST-ZIP: SARASOTA FL		6.4 CITY-ST-ZIP: SARASOTA, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **1/23/96** DAYTIME PHONE #: **924-7844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARVIN GINSBURG DP**

CR2E037 (12/95)