

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Bandra 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 34231-9112

3. Date Incorporated or Qualified: 04/17/1984
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 59-2847526
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

10. Name and Address of New Registered Agent

GINSBURG, MARVIN
5268 HERON WAY
SARASOTA FL 34231

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 617.1503, Florida Statutes.

SIGNATURE: MARVIN GINSBURG
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 2/16/1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: GREENFIELD, ROBERT	1.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: EB BLACKETT
STREET ADDRESS: 1650 LANDINGS BLVD.	CITY-ST-ZIP: SARASOTA FL	1.2 NAME:	1.3 STREET ADDRESS: 1447 LANDINGS CIRCLE
		1.4 CITY-ST-ZIP:	SARASOTA, FL
TITLE: DT <input type="checkbox"/> DELETE	NAME: CAPO, ROBERT	2.1 TITLE: DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: ROY GOODWILL
STREET ADDRESS: 1724 STARLING DR.	CITY-ST-ZIP: SARASOTA FL	2.3 STREET ADDRESS: 5098 KESTRAL PARKWAY S.	2.4 CITY-ST-ZIP: SARASOTA, FL
TITLE: DS <input checked="" type="checkbox"/> DELETE	NAME: GOODWILL, ROY	3.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: CARL NUSBAUM
STREET ADDRESS: 5098 KESTRAL PKWY S	CITY-ST-ZIP: SARASOTA FL	3.3 STREET ADDRESS: 5400 EAGLES PT. CIRCLE	3.4 CITY-ST-ZIP: SARASOTA, FL
TITLE: DP <input type="checkbox"/> DELETE	NAME: GINSBURG, MARVIN	4.1 TITLE: DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: JOE TARRER
STREET ADDRESS: 5268 HERON WAY	CITY-ST-ZIP: SARASOTA FL	4.3 STREET ADDRESS: 5168 KESTRAL PARK TERRACE	4.4 CITY-ST-ZIP: SARASOTA, FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: JAY, JOAN	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1609 STARLING DRIVE	CITY-ST-ZIP: SARASOTA FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> DELETE	NAME: NEWMAN, MARILYN	6.1 TITLE:	6.2 NAME:
STREET ADDRESS: 5230 LANDINGS BLVD	CITY-ST-ZIP: SARASOTA FL	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do 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 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: MARVIN GINSBURG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/16/1997
Daytime Phone #: 941-923-2886

CR2E037 (9/96)