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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N02594 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	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/17/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2847526
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GINSBURG, MARVIN 5268 HERON WAY SARASOTA FL 34231		10. Name and Address of New Registered Agent 81 Name Roy Goodwill, Jr. 82 Street Address (P.O. Box Number, is Not Acceptable) 5098 Kestral Pkwy, S. 83 Sarasota 84 City 85 Zip Code FL 34231	
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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: *R Goodwill* DATE: JAN 4, 1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKETT, ED	1.2 NAME	Roy Goodwill Jr.
STREET ADDRESS	1447 LANDINGS CR	1.3 STREET ADDRESS	5098 KESTRAL PKWY, S.
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	VICE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPO, ROBERT	2.2 NAME	CARL NUSBAUM
STREET ADDRESS	1724 STARLING DR.	2.3 STREET ADDRESS	5400 EAGLES PT. CIRCLE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	EB Blackett (Secretary) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWILL, ROY	3.2 NAME	1447 LANDINGS CIRCLE
STREET ADDRESS	5098 KESTRAL PKWY S	3.3 STREET ADDRESS	SARASOTA, FL 34231
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GINSBURG, MARVIN	4.2 NAME	JOE BROWN
STREET ADDRESS	5268 HERON WAY	4.3 STREET ADDRESS	5430 EAGLES PT CIRCLE
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARRER, JOE	5.2 NAME	JOE ELY
STREET ADDRESS	5168 KESTRAL PARK TERR	5.3 STREET ADDRESS	1487 Landings Lake Dr.
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, MARILYN	6.2 NAME	FRAN CASON
STREET ADDRESS	5230 LANDINGS BLVD	6.3 STREET ADDRESS	5341 Landings Blvd
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA, FL 34231

14. 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 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, with all other like empowered.

SIGNATURE: *R Goodwill* SIGNATURE REQUIRED: *R Goodwill* DATE: Jan 4, 1999

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