


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90220 010 ****61.25

DOCUMENT # N02594					
1. Entity 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 Suite, Apt. #, etc. 1801 Glenagary Street City & State Sarasota FL Zip 34231		3. Mailing Address Suite, Apt. #, etc. 1801 Glenagary Street City & State Sarasota FL Zip 34231		Country USA	
03252004		Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-2847526		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RICAPITO, RALPH 5173 FLICKER CIR SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name Progressive Community Management, Inc Street Address (P.O. Box Number is Not Acceptable) 1801 Glenagary Street City Sarasota FL Zip Code 34231		
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		Jim Markel		4/22/04	
Signature, typed or printed, name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDRELL, BARBARA		NAME		
STREET ADDRESS	1705 STARLING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICAPITO, RALPH		NAME		
STREET ADDRESS	5357 LANDINGS BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDER, BOB		NAME		
STREET ADDRESS	5173 FLICKER FIELD CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERE, BERKEY		NAME		
STREET ADDRESS	5420 EAGLE POINT CIRCLE #106		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOST, JACK		NAME	Markel, Jim	
STREET ADDRESS	4807 PEREGRINE PT CIRCLR		STREET ADDRESS	1801 Glenagary Street	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDELL, COLIN		NAME	Sutton, William	
STREET ADDRESS	5450 EAGLES POINT CIRCLE #202		STREET ADDRESS	1801 Glenagary Street	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	Sarasota FL 34231	
12. 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 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 employees.					
SIGNATURE:		Jim Markel		4/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 941-921-5393	