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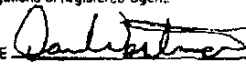
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FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90259 027 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03212 1. Entity Name LAND'S END VILLAGE CONDOMINIUM ASSOCIATION, INC.				14009768 							
Principal Place of Business PO BOX 194 ATTN: ASSN MGMT CAPTIVA ISLAND, FL 33924 US								Mailing Address PO BOX 194 ATTN: ASSN MGMT CAPTIVA ISLAND, FL 33924 US			
2. Principal Place of Business Suite, Apt. #, etc.								3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country								City & State Zip Country			
4. FEI Number 59-2522225				Applied For ☐ Not Applicable							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND, FL 33924				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
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  Signature, typed or printed name of registered agent and fee if applicable. 3/1/05 DATE											
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	SD MORSANI, FRANK	☐ Delete	TITLE		☐ Change ☐ Addition						
STREET ADDRESS	1725 HENLEY		STREET ADDRESS								
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP								
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition						
NAME	RABINOW, RICHARD		NAME								
STREET ADDRESS	3711 SAN FELIPE 12-1		STREET ADDRESS								
CITY-ST-ZIP	HOUSTON, TX 77027		CITY-ST-ZIP								
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition						
NAME	BAUMGARTEN, RANDY		NAME								
STREET ADDRESS	261 LINDEM STREET		STREET ADDRESS								
CITY-ST-ZIP	WINNETKA, IL 60093		CITY-ST-ZIP								
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition						
NAME	SCHELLE, WAYNE		NAME								
STREET ADDRESS	10751 FALLS ROAD SUITE 308		STREET ADDRESS								
CITY-ST-ZIP	LUTHERVILLE TIMONIUM, MD 21093		CITY-ST-ZIP								
TITLE	D	☒ Delete	TITLE	Mr. Christopher Hayes	☒ Change ☐ Addition						
NAME	WILDS, DAVID M		NAME	S.C. Johnson & Son, Inc.							
STREET ADDRESS	4415 TYNE BLVD		STREET ADDRESS	1525 HOWE ST.							
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP	RACINE, WI 53403							
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition						
NAME	ELLIOTT, JAY		NAME								
STREET ADDRESS	447 BERWICK CIRCLE		STREET ADDRESS								
CITY-ST-ZIP	AURORA, OH 44202		CITY-ST-ZIP								
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 as changed, or on an attachment with an address, with all other fee empowered.											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR RICHARD A. RABINOW				3/1/05 Date		713-535-1101 Deputy phone #					