

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

4/21

FILED
May 20, 2008 8:00 am
Secretary of State

04-21-2008 90107 007 ****61.25

DOCUMENT # N07000000610 1. Entity Name THE LANDMARK AT THE GARDENS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484		Mailing Address 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box # 3600 GARDENS PKWY		3. Mailing Address 3600 GARDENS PKWY	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Palm Beach GARDENS, FL		City & State Palm Beach GARDENS, FL	
Zip 33410		Zip 33410	
Country 		Country 	
4. FEI Number 20-829-7996		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A J.D. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312		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 of 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 _____ DATE _____ Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$81.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY- ST- ZIP DP STEINBERG, ANDREW 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP ST KAMINSKY, EDDIE 3610 GARDENS PARKWAY # 1005 Palm Beach GARDENS, FL 33410	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP DVP SWARTZ, RICHARD 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP DST AXELROD, MICHAEL 5350 W ATLANTIC AVE SUITE 100 DELRAY BEACH, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP 	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.			
SIGNATURE: Andrew Steinberg 4/17/08 561-401-3615 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			