

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07078

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** LANDMARK AT POINTE WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6304 POINTE WEST BLVD  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

4301 32ND STREET WEST  
A-20  
BRADENTON, FL 34205 US

**New Mailing Address:**

**FEI Number:** 59-2837229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C&S CONDO MGMNT SERV INC  
4301 32ND STREET WEST  
SUITE A-20  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAWLINGS, RODERIC  
Address: 6802 22ND AVE W  
City-St-Zip: BRADENTON, FL 34209

Title: VP ( ) Delete  
Name: PARENTEAU, IRENE  
Address: 6304 POINTE WEST BLVD #209  
City-St-Zip: BRADENTON, FL

Title: T ( ) Delete  
Name: ANDREWS, DALE  
Address: 6304 POINTE WEST BLVD #105  
City-St-Zip: BRADENTON, FL 32409

Title: S ( ) Delete  
Name: LANCE, GAYLE  
Address: 6304 POINTE WEST BLVD, UNIT 201  
City-St-Zip: BRADENTON, FL 34209

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CLEM, RICHARD  
Address: 6304 POINTE WEST BLVD. # 205  
City-St-Zip: BRADENTON, FL 34209

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE ANDREWS

T

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date