

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25636

FILED
Apr 08, 2009
Secretary of State

Entity Name: LANDMARK ESTATES HOMEOWNERS INCORPORATED

Current Principal Place of Business:

1622 GULFCOAST DRIVE
NAPLES, FL 341108338

New Principal Place of Business:

Current Mailing Address:

1622 GULFCOAST DRIVE
NAPLES, FL 341108338

New Mailing Address:

FEI Number: 65-0055520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURANDT, ROBERT B ESQ
1714 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904 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: CASEY, JOHN
Address: 1621 W. MT VERNON LN
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: BURKE, KENNETH
Address: 994 PLYMOUTH ROCK DR
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: GROVE, BARBARA
Address: 1803 MONTICELLO DR.
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: MCCARTHY, ANNE B
Address: 1011 PLYMOUTH ROCK DR.
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LAPOINTE, RAYMOND
Address: 982 PLYMOUTH ROCK DR
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: WARREN, SUE
Address: 1701 CAPE HATTERAS DR.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MANIERRE, BOB
Address: 1406 GULF COAST DRIVE
City-St-Zip: NAPLES, FL 34110

Title: T (X) Change () Addition
Name: LAWREY, LYNN L
Address: 1803 MONTICELLO DRIVE
City-St-Zip: NAPLES, FL 34110

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

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

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: LYNN L. LAWREY

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date