


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90002 014 ****61.25

DOCUMENT # N05000004474

1. Entity Name
LANSDOWNE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**237 WESTMONTE DR - STE 111
 ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**237 WESTMONTE DR - STE 111
 ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business
206 S. ELM AVE

3. Mailing Address
PO Box 1596

Suite, Apt. #, etc.



07062006 Chg-NP CR2E037 (4/06)

City & State
SANFORD, FL

City & State
SANFORD, FL

Zip
32771

Country
USA

Zip
32772-1596

Country
USA

4. FEI Number
55-0893851

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PREMIER PROPERTY MANAGEMENT OF CENTRAL FLORIDA, INC.
 211 S MAGNOLIA AVE
 SANFORD, FL 32771-1321**

7. Name and Address of New Registered Agent
 Name
PREMIER PROP. MGMT CFL INC
 Street Address (P.O. Box Number is Not Acceptable)
206 S. ELM AVENUE
 City
SANFORD FL Zip Code
32771

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 *Dena Holbrook* **GINA N. HOLBROOK** 7/10/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

Filing Fee is \$61.25
Due by September 6, 2006

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D	BENNETT, DANA A	237 WESTMONTE DR - STE 111	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>
D	WILLS, ERIC K	237 WESTMONTE DR - STE 111	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>
D	CALHOUN, ANDON	237 WESTMONTE DR - STE 111	ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Mr Plebanski, Mark	1413 Ashdown Ct	Sanford, FL 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	ANTONIO, RONALD	1401 Ashdown Ct	Sanford, FL 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer/Secretary	Maxwell, John	1484 Ashdown Ct	Sanford, FL 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Mark S. Plebanski* 7/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #