


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90102 040 ****61.25

DOCUMENT # N05000004474					
1. Entity Name LANSDOWNE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 206 S. ELM AVE SANFORD, FL 32771		Mailing Address PO BOX 1596 SANFORD, FL 32772			
2. Principal P Premier Property Management of CFL					
Suite, Apt. 735 Primera Boulevard Suite 110					
City & State Lake Mary, FL 32746		03182008 Chg-NP		CR2E037 (12/06)	
Zip		Country		4. FEI Number 55-0893851	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PREMIER PROPERTY MANAGEMENT OF CENTRAL 206 S. ELM AVE SANFORD, FL 32771			Premier Property Management of CFL 735 Primera Boulevard Suite 110 Lake Mary, FL 32746		
			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 <i>Lina R Halbernd</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4/11/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLEBANSKI, MARK		NAME		
STREET ADDRESS	1413 ASHDOWN CT.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> President	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTONIO, RONALD		NAME		
STREET ADDRESS	1401 ASHDOWN CT		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXWELL, JOHN		NAME	Mactye, Douy	
STREET ADDRESS	1484 ASHDOWN CT.		STREET ADDRESS	1436 Ashdown Ct.	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Johnson, Anthony	
STREET ADDRESS			STREET ADDRESS	1443 Ashdown Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Johnson, Dolores	
STREET ADDRESS			STREET ADDRESS	1443 Ashdown Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Mactye Jean	
STREET ADDRESS			STREET ADDRESS	1436 Ashdown Ct.	
CITY-ST-ZIP			CITY-ST-ZIP	SANFORD, FL 32771	
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: <i>Ronald Antonio</i>		Ronald Antonio		4-11-08 407-322-4922	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	