

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001471 (9)  
1. Corporation Name

OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address

HARBOUR MANAGEMENT  
522 MAIN STREET  
SAFETY HARBOR FL 34695  
US

HARBOUR MANAGEMENT  
552 MAIN STREET  
SAFETY HARBOR FL 34695  
US

3. Date Incorporated or Qualified  
03/18/1996

4. FEI Number  
59-3379718

Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

WARD, CARLTON  
1253 PARK STREET  
CLEARWATER FL 34616

*o.k.*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VTD</del> <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIERLICH, JOHN	1.2 NAME	PUZZITIELLO, ROSS
STREET ADDRESS	1 WOODLANDS BLVD	1.3 STREET ADDRESS	4268 PRESERVE PL.
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Palm Harbor FL 34685
TITLE	<del>PD</del> <input type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUZZITIELLO, ROSS	2.2 NAME	NIERLICH, JOHN
STREET ADDRESS	1 WOODLANDS BLVD	2.3 STREET ADDRESS	4268 PRESERVE PL
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Palm Harbor FL 34685
TITLE	<del>SD</del> <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUZZITIELLO, RICHARD	3.2 NAME	PUZZITIELLO, RICHARD
STREET ADDRESS	1 WOODLANDS BLVD	3.3 STREET ADDRESS	4268 PRESERVE PL
CITY-ST-ZIP	OLDSMAR FL	3.4 CITY-ST-ZIP	Palm Harbor FL 34685
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 1/29/98 DAYTIME PHONE: 813 785 5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)