04221999-90242-002-$61.25-$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90242 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001471**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2180 W SR 434	26 2180 W SR 434	03/18/1996
Suite, Apt. #, etc. 22 STE 5000	Suite, Apt. #, etc. 27 STE 5000	4. FEI Number 59-3379718 ☐ Applied For ☐ Not Applicable
City & State 23 LONGWOOD FL	City & State 28 LONGWOOD FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32779 25 US	Zip / Country 29 32779 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARD, CARLTON 1253 PARK STREET CLEARWATER FL 34616	81 Name: HART, JAMES W 82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC 83: 2180 W SR 434 STE 5000 84 City: LONGWOOD FL 85 Zip Code: 32779

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 _____ 3/1/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NIERLICH, JOHN		1.2 NAME		
STREET ADDRESS	4268 PRESERVE PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PUZZITIELLO, ROSS		2.2 NAME		
STREET ADDRESS	4268 PRESERVE PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PUZZITIELLO, RICHARD		3.2 NAME		
STREET ADDRESS	4268 PRESERVE PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/1/99 727-785-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ross Puzzitiello