


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005844 (2)**  
 1. Corporation Name  
**LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751</b>	Mailing Address <b>555 WINDERLEY PLACE SUITE 420 MAITLAND FL 32751</b>
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3. Date Incorporated or Qualified <b>10/16/1997</b>	
4. FEI Number <b>59-3474995</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent  
**GILBERT, JOHN W  
 555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name	<b>O'SULLIVAN, CHARLES</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>555 WINDERLEY PLACE</b>
83	<b>SUITE 420</b>
84 City	<b>MAITLAND FL</b>
85 Zip Code	<b>32751</b>

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 Charles O'Sullivan **Charles O'Sullivan** **4/17/98**  
Signature typed or printed name of registered agent, or the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILBERT, JOHN W</b>	
STREET ADDRESS	<b>555 WINDERLEY PLACE STE 420</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, JENNIFER</b>	
STREET ADDRESS	<b>555 WINDERLEY PLACE STE 420</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, WADE</b>	
STREET ADDRESS	<b>555 WINDERLEY PLACE STE 420</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>O'SULLIVAN, CHARLES</b>	
1.3 STREET ADDRESS	<b>555 WINDERLEY PL., SUITE 420</b>	
1.4 CITY-ST-ZIP	<b>MAITLAND, FL. 32751</b>	
2.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RUSHNELL, DEVON</b>	
2.3 STREET ADDRESS	<b>555 WINDERLEY PL., SUITE 420</b>	
2.4 CITY-ST-ZIP	<b>MAITLAND, FL. 32751</b>	
3.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PARKER, JENNIFER</b>	
3.3 STREET ADDRESS	<b>555 WINDERLEY PLACE, SUITE 420</b>	
3.4 CITY-ST-ZIP	<b>MAITLAND, FL. 32751</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Charles O'Sullivan **CHARLES O' SULLIVAN** **4/17/98** **407-875-1001**

CR2E037 (10/97)