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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000005844

1. Corporation Name
LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 555 WINDERLEY PLACE
 SUITE 420
 MAITLAND FL 32751

Mailing Address
 555 WINDERLEY PLACE
 SUITE 420
 MAITLAND FL 32751



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/16/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3474995
City & State	City & State	Applied For
23	28	Not Applicable
Zip Country	Zip Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	25
25	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees

O'SULLIVAN, CHARLES
 555 WINDERLEY PLACE
 SUITE 420
 MAITLAND FL 32751

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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** 3-24-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'SULLIVAN, CHARLES	1.2 NAME	
STREET ADDRESS	555 WINDERLEY PLACE STE 420	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSHNELL, DEVON	2.2 NAME	DV Charles E. Cook
STREET ADDRESS	555 WINDERLEY PLACE STE 420	2.3 STREET ADDRESS	555 Winderley Place, Suite 420
CITY-ST-ZIP	MAITLAND FL 32751	2.4 CITY-ST-ZIP	Maitland, Fla. 32751
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, JENNIFER	3.2 NAME	
STREET ADDRESS	555 WINDERLEY PLACE STE 420	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Charles O'Sullivan* **Charles O'Sullivan** 3-24-99 407-875-1001 DATE

CR2E037 (11/98)