

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90573 018 \*\*\*\*61.25

**DOCUMENT # N97000005844**

1. Entity Name

**LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.**

*P*

Principal Place of Business

Mailing Address

555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751

555 WINDERLEY PLACE  
 SUITE 420  
 MAITLAND FL 32751

A0073250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1633 E. Vine Street

3. Mailing Address

1633 E. Vine St

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

#110

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3474995

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Leland Management, Inc.  
 Street Address (P.O. Box Number is Not Acceptable): 1633 E. Vine Street  
 Suite 110  
 City: Kissimmee FL Zip Code: 34744

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.

SIGNATURE

*Steven Meyer*

8-9-00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	O'SULLIVAN, CHARLES	
STREET ADDRESS	555 WINDERLEY PLACE STE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	COOK, CHARLES E	
STREET ADDRESS	555 WINDERLEY PLACE STE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JENNIFER	
STREET ADDRESS	555 WINDERLEY PLACE STE 420	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacil Cahill	
STREET ADDRESS	4705 Windsor Ave	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Ince	
STREET ADDRESS	6337 Huntsville Street	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sherry Martin	
STREET ADDRESS	6984 Winder Oaks Blvd.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Laureen Smith, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laureen Smith, Director	
STREET ADDRESS	4717 Wind Oak Ave	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Echels	
STREET ADDRESS	6307 Huntsville St.	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *SIGNATURE REQUIRED* Jack Cahill 8-9-00 407-846-0346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (5/00)