

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90106 030 \*\*\*\*61.25

**DOCUMENT # N97000005844**

1. Entity Name

**LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1633 E VINE STREET  
 #110  
 KISSIMMEE FL 34744

1633 E VINE STREET  
 #110  
 KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3474995**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LELAND MANAGEMENT, INC**  
 1633 E VINE STREET  
 SUITE 110  
 KISSIMMEE FL 34744

Name

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

City

**FL**

Zip Code

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	COHILL, JACK	4705 WINDSOR AVE	ORLANDO FL 32819	<input checked="" type="checkbox"/>
SD	MARTIN, SHERRY	6484 WINDER OAK BLVD	ORLANDO FL 32819	<input checked="" type="checkbox"/>
TD	SMITH, LAUREN	4717 WINDSOR AVE	ORLANDO FL 32817	<input checked="" type="checkbox"/>
D	LUKE, GREG	4772 WINDSOR AVE	ORLANDO FL 32819	<input checked="" type="checkbox"/>
D	PECLOT, VANESSA	6933 WINDER OAKS BLVD	ORLANDO FL 32819	<input type="checkbox"/>
PD	ARDIZONE, JOHN	4701 WINDSOR AVE	ORLANDO, FL 32819	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD	MARTIN, MONTE	6484 WINDER OAKS BLVD	ORLANDO, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
TD	KROL, JOANNE	6349 HUNTSVILLE ST.	ORLANDO, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
D	SCHWALBACH, GENE	6413 WINDER OAKS BLVD.	ORLANDO, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
D	SHOEIBI, JAM	4729 WINDSOR AVE	ORLANDO, FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02

Date

Daytime Phone #

CR2E037 (9/01)