## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N97000005844**

1. Entity Name

LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1633 E VINE STREET

#110 KISSIMMEE, FL 34744

LEL

1631

Mailing Address

1633 E VINE STREET

KISSIMMEE, FL 34744

## FILED Apr 14, 2004 8:00 am Secretary of State

04-14-2004 90066 001 \*\*\*\*61.25

TANDMOOR



02172004 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For
59-3474995	Not Applicable
E. Certificate of Status Decired.	8:75 Additional

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Fee Required

6. Name and Address of Current Registered Agent				
AND MANAGEMENT , INC				
3 E VINE STREET				
TE 110				
17:111				

## DO NOT WRITE IN THIS SPACE

SUITE 110 KISSIMMEE, FL 34744			IN THIS SPACE				
	$\wedge$						
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financ Trust Fund Contribution.	eing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			<del>-</del>		
TITLE	VPD				•		
NAME	MARTIN, MONTE				jana kanala kalendari da		
STREET ADDRESS	6484 WINDER OAKS BLVD.						
CITY-ST-ZIP	ORLANDO, FL 32819						
TITLE	TD			t ye ant or a surrounding to the comment			
NAME	KROL, JOANNE		· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS	6349 HUNTSVILLE STREET					}	
CITY-STEZIP FF	ORLANDO, FL '32819			د پهيند ان پودانوند د ايد	The second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the section is the second section in the section is the second section in the section is the section in the section in the section in the section is the section in the section is the section i	E. F. Carl & America Strategies	
TITLE .	[D				A.	:	
NAME	SCHWALBACK, GENE		المواللة مكارات	المحاضية المالية	ر. بداد الواسوييموريهو هها • خيور ياييا داريي توسيديد الما إيداء	grant of Physician Co	
STREET ADDRESS	6413 WINDER OAKS BLVD.			DO	NOT WRITE		
CITY-ST-ZIP	ORLANDO, FL 32819			_			
TITLE	D			IN	THIS SPACE		
NAME	SHOEBI, JAM						
STREET ADDRESS	4729 WINDSOR AVENUE	i				1	
CITY-ST-ZIP	ORLANDO, FL 32819				**************************************		
TITLE	D						
NAME	PECLOT, VANESSA						
STREET ADDRESS	6933 WINDER OAKS BLVD						
CITY-ST-ZIP	ORLANDO, FL 32819				•		
TITLE	PD					ļ	
NAME	ARDIZONE, JOHN					,	
STREET ADDRESS	4701 WINDSOR AVENUE					Ì	
CITY-ST-ZIP	ORLANDO, FL 32819						
12. I hereby indicated	certify that the information supplied with this fill on this report or supplemental report is true	iling does not qualify for the exen	nption state	d in Section 119.07(3	)(i), Florida Statutes. I further certify that can an an	at the information officer or director	

12. Thereby certify that the information supplies with this limit does not qualify for the exemption stated in Section 119.7(3)(f), Florida Statutes. Thereby certify that the information indicated on this 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:

IRE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTO

To In Ardizone Ir Prosident

3/25/64 407295424