


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90318 029 \*\*\*\*61.25

**DOCUMENT # N97000005844**

1. Entity Name  
**LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 1633 E VINE STREET #110 KISSIMMEE, FL 34744	Mailing Address 1633 E VINE STREET #110 KISSIMMEE, FL 34744
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00020072



2. Principal Place of Business <b>8009 S. Orange Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>8009 S. Orange Ave</b> Suite, Apt. #, etc.
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01112005 Chg-NP CR2E037 (10/03)

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>59-3474995</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32809</b>	Country <b>USA</b>	Zip <b>32809</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable)  
**8009 S. Orange Ave**  
 City **Orlando** **FL** Zip Code **32809**

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 *Rebecca JMB* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTIN, MONTE 6484 WINDER OAKS BLVD. ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROL, JOANNE 6349 HUNTSVILLE STREET ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWALBACK, GENE 6413 WINDER OAKS BLVD. ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOEBI, JAM 4729 WINDSOR AVENUE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECLOT, VANESSA 6933 WINDER OAKS BLVD ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARDIZONE, JOHN 4701 WINDSOR AVENUE ORLANDO, FL 32819 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Schwalbach, Eugene 6413 Winder Oaks Blvd Orlando FL 32819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Peclet, Vanessa 6433 Winder Oaks Blvd Orlando FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Ardizone* President **3-3-05** **407 447 9955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #