


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90123 009 ****61.25

DOCUMENT # N97000005844

1. Entity Name
 LANDSBROOK TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
~~8009 S ORANGE AVE~~
~~ORLANDO, FL 32809~~

Mailing Address
~~8009 S ORANGE AVE~~
~~ORLANDO, FL 32809~~



2. Principal Place of Business
 010 SOUTHWEST PROP. MGMT
 P.O. BOX 183367
 WINTER GARDEN, FL

3. Mailing Address
 SAME

03142006 Chg-NP CR2E037 (11/05)

City & State
 WINTER GARDEN, FL

City & State

4. FEI Number
 59-3474995

Applied For
 Not Applicable

Zip
 34118

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LELAND MANAGEMENT, INC
 8009 S ORANGE AVE
 ORLANDO, FL 32809

7. Name and Address of New Registered Agent
 Name: SPENCER A. SOLOMON
 Street Address: 010 SOUTHWEST PROPERTY MGMT. 113 DESIREE AVENUE ST.
 City: WINTER GARDEN FL 34118

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: *Spencer A. Solomon* DATE: 3/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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 | T | <input checked="" type="checkbox"/> Delete |
| NAME | SCHWALBACH, EUGENE | |
| STREET ADDRESS | 6413 WINDER OAKS BLVD | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | PECLOT, VANESSA | |
| STREET ADDRESS | 6433 WINDER OAKS BLVD | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ARDIZONE, JOHN | |
| STREET ADDRESS | 4701 WINDSOR AVENUE | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | |
| 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 | P P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jose Ocasia | |
| STREET ADDRESS | 4753 Windsor Ave | |
| CITY-ST-ZIP | Orl 32819 | |
| TITLE | D S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Leah Southern | |
| STREET ADDRESS | 6361 Huntsville St | |
| CITY-ST-ZIP | Orl 32819 | |
| TITLE | D VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Linda Cox | |
| STREET ADDRESS | 6355 Huntsville St | |
| CITY-ST-ZIP | Orl 32819 | |
| TITLE | D T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Oliver Oetterer | |
| STREET ADDRESS | 6460 Winder Oaks Blvd | |
| CITY-ST-ZIP | Orl 32819 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ralph Rampulla | |
| STREET ADDRESS | 4737 Windsor Ave | |
| CITY-ST-ZIP | Orl 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 exemptions contained in Chapter 119, 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 employees.

SIGNATURE: *Spencer A. Solomon* DATE: 3/14/06 DAYTIME PHONE #: 407-656-1081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR