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Jul 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001471 (9)**

1. Corporation Name

OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC



Principal Place of Business	Mailing Address
Harbour Management 552 Main Street Safety Harbor, FL 34695	Harbour Management 552 Main Street Safety Harbor, FL 34695

3. Date Incorporated or Qualified 03/18/1996	3a. Date of Last Report
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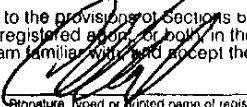
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-3379718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
Carlton Ward, Attorney 1253 Park Street Clearwater, FL 34616	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **3/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	K change <input type="checkbox"/> Addition
NAME	EVANS, DAVID J	1.2 NAME	VTD John Nierlich
STREET ADDRESS	4805 VILLAGE CENTER DR.	1.3 STREET ADDRESS	1 Woodlands Blvd
CITY-ST-ZIP	PALM HARBOR FL 34885	1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	VTD	2.1 TITLE	PD
NAME	BENNETT, FREDERICK J	2.2 NAME	Ross Puzzitiello
STREET ADDRESS	4805 VILLAGE CENTER DR.	2.3 STREET ADDRESS	1 Woodlands Blvd
CITY-ST-ZIP	PALM HARBOR FL 34885	2.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	SD	3.1 TITLE	SD
NAME	FRIEND, ROBERT M	3.2 NAME	Richard Puzzitiello
STREET ADDRESS	4805 VILLAGE CENTER DR.	3.3 STREET ADDRESS	1 Woodlands Blvd.
CITY-ST-ZIP	PALM HARBOR FL 34885	3.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)