FILE NOW: FILING FEE IS \$61.25

NONPROFIT

Feb 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 N96000001471 (9) DOCUMENT # OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address HARBOUR MANAGEMENT HARBOUR MANAGEMENT 3. Date Incorporated or Qualified **522 MAIN STREET** 552 MAIN STREET 03/18/1996 SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 4. FEI Number Applied For 59-3379718 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite Apt # etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 22 Added to Fees City & Stato City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WARD, CARLTON 82 Street Address (P.O. Box Number is Not Acceptable) 1253 PARK STREET **B3 CLEARWATER FL 34616** Zip Code 84 City 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 Signature typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE -VTD-1.1 TITLE DUZZITIEUR, ROSS NAME NIERLICH, JOHN 1.2 NAME 4768 PRESERVE Pl. 1 WOODLANDS BLVD 1.3 STREET ADDRESS STREET ADDRESS 34685 **OLDSMAR FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE .**.....**-. NAME PUZZITIELLO, ROSS 2.2 NAME 1 WOODLANDS BLVD STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP OLDSMAR FL 2. 4 CITY-ST-ZIP DELETE TITLE 31 TITLE HAME PUZZITIELLO, RICHARD 3.2 NAME 1 WOODLANDS BLVD 3.3 STREET ADDRESS STREET ADDRESS 1 34615 OLDSMAR FL 3.4. CITY-ST-ZIP CITY-S1-ZIP DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CAY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE DELETE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I hereby cortify 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 of supplied that an arrangement of the composition of the composition of the recover or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Plock 13 or Block 13 it paged on an execute this report as required by Chapter 617, Florida Statutes; and that my name appears in SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED