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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90242 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001471

1. Corporation Name

OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

 HARBOUR MANAGEMENT
 522 MAIN STREET
 SAFETY HARBOR FL 34695
 US

Mailing Address

 HARBOUR MANAGEMENT
 552 MAIN STREET
 SAFETY HARBOR FL 34695
 US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2180 W SR 434	26 2180 W SR 434	03/18/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 STE 5000	27 STE 5000	4. FEI Number
City & State	City & State	59-3379718
23 LONGWOOD FL	28 LONGWOOD FL	Applied For
Zip	Zip	Not Applicable
24 32779	29 32779	5. Certificate of Status Desired
Country	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
25 US	30 US	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

 WARD, CARLTON
 1253 PARK STREET
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent

 81 Name **HART, JAMES W**
 82 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC
 83 **2180 W SR 434 STE 5000**
 84 City **LONGWOOD** 85 Zip Code **FL 32779**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIERLICH, JOHN	1.2 NAME	
STREET ADDRESS	4268 PRESERVE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUZZITIELLO, ROSS	2.2 NAME	
STREET ADDRESS	4268 PRESERVE PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUZZITIELLO, RICHARD	3.2 NAME	
STREET ADDRESS	4268 PRESERVE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSS PUZZITIELLO

3/1/99

Date

787-785-5958

Daytime Phone #

CR2E037 (11/98)