

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001471

1. Entity Name

OAKMONT AT LANSBROOK HOMEOWNERS ASSOCIATION, INC

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90190 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2180 W. SR 434  
STE 5000  
LONGWOOD FL 32779  
US

2180 W. SR 434  
STE 5000  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3379718

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W  
SENTRY MANAGEMENT INC.  
2180 W. SR 434, STE 5000  
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME NIERLICH, JOHN  
STREET ADDRESS 4268 PRESERVE PLACE  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE PD ☐ Change ☒ Addition  
NAME PAOLILLO, JOSEPH  
STREET ADDRESS 4371 LIVE OAK BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VD ☒ Delete  
NAME PUZZITIELLO, ROSS  
STREET ADDRESS 4268 PRESERVE PL  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VD ☐ Change ☒ Addition  
NAME BENEDON, VICKY  
STREET ADDRESS 4365 LIVE OAK BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE SD ☒ Delete  
NAME PUZZITIELLO, RICHARD  
STREET ADDRESS 4268 PRESERVE PLACE  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE SD ☐ Change ☒ Addition  
NAME FERNANDEZ, JOSEPH  
STREET ADDRESS 4392 LIVE OAK BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME SUBBIONDO, VIRGINIA  
STREET ADDRESS 4356 LIVE OAK BLVD  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME BARTZ, EDWARD  
STREET ADDRESS 4357 WATER OAK WAY  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)